

RELAÇÃO DE FUNCIONÁRIOS – TRABALHO EM FERIADO

| CNPJ: | | | |
|---|--|-----------------------|-----------------------------|
| RAZÃO SOCIAL: | | | |
| NOME FANTASIA: | | | |
| ENDEREÇO: | | | |
| BAIRRO: | | CIDADE: | |
| TELEFONE COMERCIAL: () | | CELULAR: () | |
| FERIADO TRABALHADO | | | |
| DATA: | | | |
| HORÁRIO DE FUNCIONAMENTO DO ESTABELECIMENTO: | | | |
| VALOR PAGO INDENIZAÇÃO: | | | |
| NOME COMPLETO DO FUNCIONÁRIO | HORÁRIO DE TRABALHO DO FUNCIONÁRIO | FUNÇÃO | DATA DA FOLGA (DIA/MÊS/ANO) |
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CARIMBO COM CNPJ E
ASSINATURA DO RESPONSÁVEL SETOR