VISTO – ig / GCM

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**RELATÓRIO DE SERVIÇO – SUPERVISOR DE DIA (GCM)**

**DE \_\_\_/\_\_\_/\_\_\_PARA \_\_\_/\_\_\_/\_\_\_**

NOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARGO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MATRÍCULA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATRASOS PARA O SERVIÇO (DESCRIÇÃO E MATRÍCULA)**

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| **SERVIÇO ORDINÁRIO** | **REGIME ADICIONAL (RAS)** |
| **SERVIÇO** | **HORÁRIO DE CHEGADA** | **NOME** | **SERVIÇO** | **HORÁRIO DE CHEGADA** | **NOME** |
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**OBSERVAÇÕES ALUSIVAS AOS ATRASOS DESCRITOS**

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**FALTAS AO SERVIÇO (DESCRIÇÃO E MATRÍCULA)**

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| **SERVIÇO ORDINÁRIO** | **REGIME ADICIONAL (RAS)** |
| **SERVIÇO** | **HORÁRIO** | **NOME** | **SERVIÇO** | **HORÁRIO** | **NOME** |
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**OBSERVAÇÕES ALUSIVAS ÀS FALTAS DESCRITAS**

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**ENCAMINHAMENTOS MÉDICOS e DISPENSAS**

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**ORDENS DE SERVIÇO**

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| **NÚMERO** | **RESULTADO** |
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**APREENSÕES (VEÍCULOS – ANIMAIS – MERCADORIAS - OUTROS) e MULTAS DE TRÂNSITO**

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| **DESCRIÇÃO****(quantidade/local/outras informações)** |
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**OCORRÊNCIAS EM GERAL**

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| **DESCRIÇÃO** |
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**ALTERAÇÕES/OBSERVAÇÕES/SUGESTÕES**

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 Data Assinatura – matrícula