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(Pieczątka zakładu pracy)

**LISTA OBECNOŚCI OSÓB BEZROBOTNYCH**

**ODBYWAJĄCYCH STAŻ W MIESIĄCU ………………………. 20..…..r.**

**W RAMACH ZAWARTEJ UMOWY Nr …………………………**

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| **Imię i nazwisko** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dzień m-ca** | **1** | | **2** | | **3** | | **4** | | **5** | | **6** | | **7** | | **8** | | **9** | |
| **1** |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| **31** |  | |  | |  | |  | |  | |  | |  | |  | |  | |

Oznaczenia na liście obecności:

**C** - choroba lub opieka (udokumentowana zwolnieniem lekarskim na druku ZUS ZLA

**W** - wolne

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(**pieczątka i podpis Organizatora**)