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|  | MIESIĘCZNA KARTA CZASU PRACY | | | | | | | | | |
|  | 1) | Miesiąc: |  |  |  | | |  | |  |
|  | 2) | Beneficjent: Akademia Wychowania Fizycznego i Sportu | | | | | |  | |  |
|  | 3) | Nazwa Projektu: „Dobry skok na dobry staż” | | | | | | | | |
|  | 4) | Numer projektu: WND-POWR.03.01.00-00-S049/17-02 | | | | | | | | |
|  | 5) | Imię i Nazwisko: |  |  |  | |  | |  | |
|  | 6) | Stanowisko: Opiekun Stażysty |  |  |  | |  | |  | |
|  | 7) | Wymiar czasu pracy…………….. |  |  |  | |  | |  | |
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|  | dzień | wykonane zadania | godzina od do | czas pracy na Projekt | | czas pracy na inne projekty dofinansowane z UE | czas pracy w ramach obowiązków podstawowych | | czas pracy ogółem w godzinach | |
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|  |  | Podpis przełożonego |  |  | | Podpis pracownika | | |  | |
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