**LISTA OBECNOŚCI**

**…………………………..……………………………..………………………..…………………….**

**(nazwa pracodawcy)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **maj**  **2014 r.** | godziny | | **……………………………….……………………………**  **(imię i nazwisko stażysty/ki)** | | | | | | | | |
| od | do |
| 1 |  |  |  | | | | | | | | |
| 2 | 800 | 1600 |  | | | | | | | | |
| 3 |  |  |  | | | | | | | | |
| 4 |  |  |  | | | | | | | | |
| 5 | 800 | 1600 |  | | | | | | | | |
| 6 | 800 | 1600 |  | | | | | | | | |
| 7 | 800 | 1600 |  | | | | | | | | |
| 8 | 800 | 1600 |  | | | | | | | | |
| 9 | 800 | 1600 |  | | | | | | | | |
| 10 |  |  |  | | | | | | | | |
| 11 |  |  |  | | | | | | | | |
| 12 | 800 | 1600 |  | | | | | | | | |
| 13 | 800 | 1600 |  | | | | | | | | |
| 14 | 800 | 1600 |  | | | | | | | | |
| 15 | 800 | 1600 |  | | | | | | | | |
| 16 | 800 | 1600 |  | | | | | | | | |
| 17 |  |  |  | | | | | | | | |
| 18 |  |  |  | | | | | | | | |
| 19 | 800 | 1600 |  | | | | | | | | |
| 20 | 800 | 1600 |  | | | | | | | | |
| 21 | 800 | 1600 |  | | | | | | | | |
| 22 | 800 | 1600 |  | | | | | | | | |
| 23 | 800 | 1600 |  | | | | | | | | |
| 24 |  |  |  | | | | | | | | |
| 25 |  |  |  | | | | | | | | |
| 26 | 800 | 1600 |  | | | | | | | | |
| 27 | 800 | 1600 |  | | | | | | | | |
| 28 | 800 | 1600 |  | | | | | | | | |
| 29 | 800 | 1600 |  | | | | | | | | |
| 30 | 800 | 1600 |  | | | | | | | | |
| 31 |  |  |  | | | | | | | | |
| Razem dni | C | **Cs** | **K** | **M** | **P** | **S** | **O** | **R** | **U** | **N** | **W** |

C-leczenie domowe, Cs-leczenie szpitalne, K-opieka kwarantanny, M-macierzyński, P-prace społeczne, S-szkolenia, O-sprawy osobiste, R-prace rolne, U-innne usprawiedliwione, N-nieusprawiedliwione, W-urlop wypoczynkowy

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data, podpis, pieczęć kierownika jednostki organizacyjnej