**LISTA OBECNOŚCI**

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

**(nazwa pracodawcy)**

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| 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-inne usprawiedliwione, N-nieusprawiedliwione, W-urlop wypoczynkowy

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data, podpis, pieczęć kierownika jednostki organizacyjnej