**MIESIĘCZNA LISTA OBECNOŚCI OPIEKUNA STAŻU**

|  |  |
| --- | --- |
| **Imię i nazwisko opiekuna stażysty** |  |
| **Imię i Nazwisko stażysty**  |  |
| **Miejsce odbywania stażu(adres)** |  |
| **Miesiąc odbywania stażu** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lp.** | **Data(dd-mm-rrrr)** | **Godziny odbywania stażu** | **Liczba godzin** | **Podpis opiekuna stażu** | **Uwagi** |
| **od godz.** | **do godz.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Razem: |  |  |  |

|  |  |
| --- | --- |
|  |  …………………………………… |
|  | *(podpis Opiekuna stażu)* |

|  |  |
| --- | --- |
| ………………………… | ……………………………… |
| *(podpis Pracodawcy/ osoby upoważnionej)* | *(podpis Koordynatora projektu)* |