**MIESIĘCZNA LISTA OBECNOŚCI OPIEKUNA STAŻU**

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

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

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

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