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| Miesiąc …………………………….…………………………. (nazwa komórki organizacyjnej) | | | | | | | | | | | |  |
| Imię i Nazwisko  m-c : ………... |  |  |  |  |  |  |  |  |  |  | **Podpis kierownika kom. org.** | |
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|  |  |  |  |  |  |  |  |  |  |  |  | |
| Razem dni | *C* | *Cs* | *K* | *M* | p | s | *0* | *R* | *u* | *N* | *W* | |
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C – chorobowe; W –dni wolne po 30 dniach

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