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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  ………………………………………………                                                                                                                    Podpis i pieczątka Organizatora stażu |  |  |  |  |  |  |  |  |  |  |  |
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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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