EWIDENCJA CZASU PRACY

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| **IMIĘ I NAZWISKO PRACOWNIKA** | **MIESIĄC** | **ROK** | **NAZWA PRACODAWCY UŻYTKOWNIKA** |
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| **Dane uzupełnia pracownik tymczasowy** | | | | | | | **Dane uzupełnia pracodawca użytkownik** | |
| Dzień m-ca | Dzień tygodnia | Nieobecności CH-chorobowe  U - urlop | Godzina rozpoczęcia pracy | Godzina zakończenia pracy | Suma godzin | Podpis pracownika | Ilość godzin standardowych | Ilość godzin nadliczbowych |
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|  | **ŁĄCZNIE** |  |  |  |  |  |  |  |

**POTWIERDZA PRZEDSTAWICIEL PRACODAWCY UŻYTKOWNIKA:**

Niniejszym potwierdzam wykonanie pracy oraz powyższą ewidencję.

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Data potwierdzenia Podpis

ATTENDANCE LIST

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| **NAME AND SURNAME OF THE EMPLOYEE** | **MONTH** | **YEAR** | **USER’S EMPLOYER NAME** |
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| **Below data feels an Employee** | | | | | | | **Below data feels an Employer** | |
| Day | Day of the week | Absences  S-Sickness  V-Vacation | Start time of work | Work end time | Summary hours | Employee’s signature | Number of standard hours | Number of overtime hours |
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|  | **SUMMARY** |  |  |  |  |  |  |  |

**CONFIRMED BY THE USER’S EMPLOYER’S REPRESENTATIVE:**

I confirm that above records have been completed.

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Date Signature