

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.

Data potwierdzenia

Podpis

ATTENDANCE LIST

| NAME AND SURNAME OF THE EMPLOYEE | MONTH | YEAR | USER'S EMPLOYER NAME |
|----------------------------------|-------|------|----------------------|
| | | | |

| 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.

_____ Date

_____ Signature