Załącznik nr 4

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| **EWIDENCJA GODZIN** | | | | | | | | |
| **NAZWISKO I IMIĘ** | | |  | | | | | |
| **MIESIĄC** |  | | | **ROK** |  | **ZAKRES** | | doradca |
| **DZIEŃ MIESIĄCA** | | **ILOŚĆ GODZIN** | **CZAS PRACY**  **od … do …** | | **Opis działania** | | | |
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| **SUMA GODZIN** | |  |  | | **DATA** | |  | |
| **DNI KALEND.** | |  |  | | **CZYTELNY PODPIS** | |  | |
| **SPRAWDZIŁ** | | | | |  | | | |