*Załącznik nr 4 Regulaminu płatnych staży*

*projektu „Projekt: staż”*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **KARTA CZASU PRACY STAŻYSTKI/STAŻYSTY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| **Tytuł projektu:** | **„Projekt: staż”** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Numer umowy:** | **UDA-POWR.03.01.00-00-S067/15** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Imię i nazwisko Stażystki/Stażysty:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stanowisko w projekcie:** | **Stażysta/Stażystka** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kierownik projektu** | **dr inż. Dariusz Mierzwiński** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miesiąc:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **rok** | | | **2018** |
| **KLASYFIKACJA PRAC (wg zakresu czynności)** | **LICZBA GODZIN W MIESIĄCU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CAŁOŚĆ** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | 27 | 28 | 29 | 30 | 31 |  |
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| **Liczba godz./dzień** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | | Podpis Stażystki/Stażysty: | | | | | | | |  | | | | | | | | Podpis Przyjmującego na staż/  Opiekuna stażu: | | | | | | | |  | | | | | | |
| Data: | | | | | | | |  | | | | | | | | Data: | | | | | | | |  | | | | | | |
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