HARMONOGRAM REALIZACJI PRAC ZA MIESIĄC 

Imię i nazwisko 

Stanowisko 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dzień miesiąca | Rzeczywisty czas | | | Potwierdzenie stawienia się do pracy/ pracownik Ochrony | Uwagi |
| Rozpoczęcie pracy | Zakończenie pracy | Podpis pracownika Wykonawcy |
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