Załącznik nr 2 do Podręcznika Beneficjenta

Programu Welcome to Poland

**EWIDENCJA GODZIN PRACY I ZAJĘĆ OSOBY ZAANGAŻOWANEJ W REALIZACJĘ PROJEKTU WELCOME TO POLAND W RAMACH UMOWY O PRACĘ**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ZA OKRES** | **OD** |  | **DO** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Numer umowy:** | | | | | | | |
|  |  |  |  |  |  |  |  | |
| **Nazwa projektu:** | | | | | | | |
|  |  |  |  |  |  |  |  | |
| **Imię i Nazwisko pracownika:** | | | | | | | |
|  |  |  |  |  |  |  |  | |
| **Stanowisko w projekcie:** | | | | | | | |
|  |  |  |  |  |  |  |  | |
| **Wymiar etatu:** | | | | | | | |
|  |  |  |  |  |  |  |  | |
| **Dzień** | **Godziny pracy** | | **Liczba godzin** | | | | |
| **od** | **do** |
| 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 |  |  |  | | | | |
| **Łącznie liczba godzin przepracowana w ramach projektu** | | |  | | | | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  | ……….…………………………. | | |
|  |  |  |  |  |  | /podpis pracownika | | |
|  |  |  |  |  |  |  |  | |
| Oświadczam, że zadania/czynności w ramach ww. projektu nie były wykonywane w tym samym czasie pracy co zadania/czynności w ramach innych zawartych umów. | | | | | | | |
|  | | |  |  |  |  |  | |
|  |  |  |  |  |  | ……………………...…………. | | |
|  |  |  |  |  |  | /podpis pracownika | | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  | ………………………………… | | |
|  |  |  |  |  |  | /podpis osoby zatwierdzającej | | |