**LISTA OBECNOŚCI**

**W RAMACH PROJEKTU „WIZA na rynku pracy – edycja II”**

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Miesiąc, rok**  | **Imię i nazwisko stażysty** |  |  |  |  |  |  |  |  |  | **Podpis Opiekuna** |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
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