*Załącznik Nr 3*

*Zarządzenia Nr 49/2019*

*Rektora UMCS*

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| nazwa jednostki organizacyjnej | | | | | | | | | | | | | | | | |
| **m-c** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Podpis kierownika |
| **1.** | **2.** | **3.** | **4.** | **5.** | **6.** | **7.** | **8.** | **9.** | **10.** | |
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| 9 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| 31 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Symbol - dni |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | X | |
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| Razem dni | **Nb** | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| Razem spóźnienia: usprawiedliwione – min. …………………………………  nieusprawiedliwione – min. ……………………………... | | | | | | | | | | | | | | | | | | | | | | |
| LISTA OBECNOŚCI | | | | | | | | | | | | | | | | | | | | | | |

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| **LP** | **SYMBOL** | **NAZWA DŁUGA** |
|  | **Nb** | **Choroba pracownika** |
|  | **Pobyt pracownika w szpitalu** |
|  | **Opieka do 60 dni w roku** |
|  | **Urlop macierzyński** |
|  | **Opieka nad zdrowym dzieckiem – art. 188 KP** |
|  | **Dni na poszukiwanie pracy** |
|  | **Szkolenie, kurs** |
|  | **Delegacja** |
|  | **Urlop wypoczynkowy** |
|  | **Urlop bezpłatny** |
|  | **Urlop okolicznościowy** |
|  | **Dzień wolny w zamian za pracę w godzinach nadliczbowych** |
|  | **Nieobecność usprawiedliwiona** |
|  | **Nieobecność nieusprawiedliwiona** |
|  | **Profilaktyczne badanie lekarskie** |
|  | **Krwiodawstwo** |
|  | **Wezwanie do sądu, prokuratury policji** |
|  | **X** | **Dni wolne (niedziele, święta, dni wolne wynikające z pięciodniowego tygodnia pracy)** |
|  | **Y** | **Dni oddane w zamian za pracę w niedziele, święta, dni wolne wynikające z pięciodniowego tygodnia pracy** |