**Sprawozdanie osoby bezrobotnej z przebiegu stażu**

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|  |
| **imię i nazwisko** |
|  |
| **adres** |
|  |
| **okres odbywania stażu** |
|  |
| **stanowisko** |
|  |
| **nazwa organizatora stażu** |

**Zakres wykonywanych czynności:**

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**Opinia osoby bezrobotnej:**

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**Opinia osoby bezrobotnej:**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  data i podpis osoby bezrobotnej |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  pieczątka, data i podpis opiekuna |