Załącznik nr 6 do umowy

Nr ZP.322……..2020

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lp. | Nazwisko i imię podopiecznego  **-1-** | Adres podopiecznego  **-2-** | Ilość usług  w miesiącu  **-3-** | Godziny świadczenia usług  **-4-** | | | | | | | Wstrzymania realizacji usług  (od-do)  **-5-** | Wznowienia realizacji usług  **-6-** | Powód zmiany,  wstrzymania,  wznowienia  **-7-** |
| pn | wt | śr | czw | pt | so | nd |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ZMIANA od…………. do…………. | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |
|  |  |  |  |  | | | | | | |  |  |  |

Harmonogram