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| **MIESIĘCZNA KARTA CZASU PRACY**    **w ramach projektu: "Nowa jakość pomocy społecznej - wdrożenie usprawnień  organizacyjnych w Ośrodku Pomocy Społecznej w Gliwicach”** |

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| **Dzień miesiąca** | **Opis wykonywanych zadań** | | | | | | **Liczba godzin superwizji** | |
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| **OGÓŁEM godzin przepracowanych na projekt w miesiącu** | | | | | | |  | |
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