Załącznik nr 3 do umowy nr ZP.322……2020

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Za okres od: | |  | | | do: |  | | |
| Imię i nazwisko: | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Dzień miesiąca** | **Opis wykonywanych zadań** | | | | | | **Liczba godzin konsultacji z zakresu psychiatrii** | |
| 1 |  | | | | | |  | |
| 2 |  | | | | | |  | |
| 3 |  | | | | | |  | |
| 4 |  | | | | | |  | |
| 5 |  | | | | | |  | |
| 6 |  | | | | | |  | |
| 7 |  | | | | | |  | |
| 8 |  | | | | | |  | |
| 9 |  | | | | | |  | |
| 10 |  | | | | | |  | |
| 11 |  | | | | | |  | |
| 12 |  | | | | | |  | |
| 13 |  | | | | | |  | |
| 14 |  | | | | | |  | |
| 15 |  | | | | | |  | |
| 16 |  | | | | | |  | |
| 17 |  | | | | | |  | |
| 18 |  | | | | | |  | |
| 19 |  | | | | | |  | |
| 20 |  | | | | | |  | |
| 21 |  | | | | | |  | |
| 22 |  | | | | | |  | |
| 23 |  | | | | | |  | |
| 24 |  | | | | | |  | |
| 25 |  | | | | | |  | |
| 26 |  | | | | | |  | |
| 27 |  | | | | | |  | |
| 28 |  | | | | | |  | |
| 29 |  | | | | | |  | |
| 30 |  | | | | | |  | |
| 31 |  | | | | | |  | |
| **OGÓŁEM godzin przepracowanych na projekt w miesiącu** | | | | | | |  | |
|  |  |  |  |  |  |  |  |  |

…………………………………………………………..  
 Podpis realizatora