OPS.263.63.18a…2020 zal. nr 8

**DZIENNIK CZYNNOŚCI ASYSTENCKICH**

**„Gmina Sława wspiera wykluczonych”**

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| **Imię i nazwisko Uczestnika Projektu** |  |
| **Imię i nazwisko Opiekuna** |  |

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| **L.p.** | **Data świadczenia usługi** | **Godz.****od - do** | **Liczba godzin** | **Zakres świadczonej usługi** | **Uwagi** | **Podpis opiekuna** |
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