**Celodenné potvrdenie neprítomnosti**

Zamestnanec (meno a priezvisko): .............................................................................................

Má dovolené opustiť pracovisko dňa: ........................................................................................

....................................................................

podpis vedúceho zamestnanca

Týmto potvrdzujem, že vyššie uvedený pacient absolvoval\*

VYŠETRENIE U LEKÁRA

SPREVÁDZANIE RODINNÉHO PRÍSLUŠNÍKA

Meno a priezvisko rodinného príslušníka: ................................................................................

v našom zdravotníckom zariadení.

........................................................................

pečiatka a podpis lekára

*\*označte krížikom.*

Evidencia dochádzky

Zamestnanec:

Kalendárny fond prac. času: hodín dní

Pracovný úväzok: t. j hodín dní Obdobie :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Deň | **Príchod** | **Odchod** | Obed  od – do | Prerušené  od - do | Dôvod neprítomnosti | **Odprac. hodiny** | SV | D | NV | PN, P, OČR, L | | 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. |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | Celkový počet odpracovaných dní:  D: ............... PN: ................... NV: .............  PC: .................. OČR: ................... P: ...............  L: ................ NSL: | | | | | **Spolu:** |  |  |  |  |  | | Celkom hodiny: |  | | | | | |

D - dovolenka OČR - ošetrenie člena rodiny PN - práceneschopnosť

L - lekárske vyšetrenie P - dôležité osobné prekážky v práci PC – pracovná cesta

NSL – nárok na stravné lístky (vzniká nad 4 hod.) SV - sviatok NV –náhradné voľno

**Podpis zamestnanca: Podpis vedúceho zamestnanca:**