**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 :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Deň | **Príchod** | **Odchod** | Obedod – do |  Prerušenéod - do | Dôvod neprítomnosti | **Odprac. hodiny** | SV | D |  NV | PN, P, OČR, L |
|  1. |  |  |  |  |  |  |  |  |  |  |
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|  3. |  |  |  |  |  |  |  |  |  |  |
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|  8. |  |  |  |  |  |  |  |  |  |  |
|  9. |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |  |  |  |
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| 21. |  |  |  |  |  |  |  |  |  |  |
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| 24. |  |  |  |  |  |  |  |  |  |  |
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| 27. |  |  |  |  |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |  |  |  |  |
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| Celkový počet odpracovaných dní: D: ............... PN: ................... NV: .............PC: .................. OČR: ................... P: ...............L: ................ NSL:  | **Spolu:** |  |  |  |  |  |
| Celkom hodiny: |  |

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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:**