Zał. nr 11 do SIWZ

Znak:OPS-RPOWZ.50.1.2020

**DZIENNIK CZYNNOŚCI ASYSTENCKICH**

**„Pyrzyce dla potrzebujących”**

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

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