**Ewidencja czasu wykonywania badań przez doktorantów ……………………………………….\* w warunkach szkodliwych dla zdrowia lub uciążliwych w 20…. r.**

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| **Imię i nazwisko doktoranta** | **Liczba godzin wykonywania badań w warunkach szkodliwych dla zdrowia lub uciążliwych**  **w danym miesiącu danego roku** | | | | | | | | | | | | **Okres**  **przysługiwania**  **dodatku** |
| **I** | **II** | **III** | **IV** | **V** | **VI** | **VII** | **VIII** | **IX** | **X** | **XI** | **XII** |
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| **Podpis pracownika administracyjnego obsługującego studia doktoranckie albo szkołę doktorską** |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*należy wpisać nazwę studiów doktoranckich albo nazwę szkoły doktorskiej