**Ewidencja czasu pracy pracowników otrzymujących dodatki za pracę w warunkach szkodliwych dla zdrowia**

***Nazwa jednostki organizacyjnej……………………………………… Rok ……………***

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| **Imię i nazwisko pracownika / Nr ewidencyjny pracownika** | **Liczba godzin przepracowanych w warunkach szkodliwych 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 przełożonego** |  |  |  |  |  |  |  |  |  |  |  |  |  |