

# DETAILED SCHEDULE

.....

(last name and first name, position, name of the organizational unit)

Day Month ..... Year .....	Time of starting the work	Time of finishing the work	Number of working hours	Number of hours of night work	Notes
1	2	3	4	5	6
1					
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31					

prepared by ..... I have familiarized myself with the content .....  
(date and signature of the person preparing the document) (date and signature of the employee)