**SPRAWOZDANIE Z PRZEBIEGU STAŻU**

**Imię i nazwisko** .............................................................................................

**Nazwa Pracodawcy** ..............................................................................

**Czas trwania stażu** .................................................................................

 (zgodnie z zawartą umową)

**WAŻNE ADRESY I TELEFONY**

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| Adres Powiatowego Urzędu Pracy(lub pieczęć adresowa PUP)**Powiatowy Urząd Pracy****ul. Powstańców Warszawy 7,****57-200 Ząbkowice Śl**. |
| Pracownik PUP, z którą utrzymywany będzie kontaktNazwisko i imię **IWONA MAJ** Telefon **74 8 166 712** |
| Opiekun osoby odbywającej staż:  (zgodnie z zawartą umową**)**Nazwisko i imię....................................................Stanowisko służbowe  ...................................................Wykształcenie ................................................... Telefon  .................................................... |

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