Załącznik do dziennika zajęć

**LISTA OBECNOŚCI**

**Szkolenie: „Pracownik biurowy z elementami recepcji medycznej”**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **L.p.** | **Imię i nazwisko** | **5.10.2020****17:30-19:45** | **6.10.2020****17:30-19:45** | **7.10.2020****12:00-15:00** | **8.10.2020****15:30-20:00** | **13.10.2020****13:15-20:00** | **14.10.2020****13:15-20:00** | **15.10.2020****16:15-19:30** | **16.10.2020****8:00-15:30** | **19.10.2020****8:00-15:30** | **20.10.2020****13:15-20:00** |
|  | Tomasz Motylewski |  |  |  |  |  |  |  |  |  |  |
|  | Wioletta Kępa |  |  |  |  |  |  |  |  |  |  |
|  | Żaneta Jabłońska |  |  |  |  |  |  |  |  |  |  |
|  | Martyna Deszyńska |  |  |  |  |  |  |  |  |  |  |
|  | Klaudia Kaźmierska |  |  |  |  |  |  |  |  |  |  |
|  | Katarzyna Malewska |  |  |  |  |  |  |  |  |  |  |
|  | Magdalena Mamełka |  |  |  |  |  |  |  |  |  |  |
|  | Jolanta Pietrucha |  |  |  |  |  |  |  |  |  |  |
|  | Sebastian Kuczyński |  |  |  |  |  |  |  |  |  |  |
|  | Anna Czubak |  |  |  |  |  |  |  |  |  |  |
| Imię i nazwisko trenera/trenerów |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |