| **Wydział/jednostka** | **Adres** | **Przewidywana liczba godzin w okresie od …… do ………….** | **Kierownik obiektu/administrator** | | |
| --- | --- | --- | --- | --- | --- |
| **Imię i Nazwisko** | **Telefon** | **Adres e-mail** |
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**Załącznik nr 1 do Pisma Okólnego nr 3 z dnia 03.06.2015 r.**