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|  |  | |  | | *Data i miejsce wystawienia* | | | | | | | | | | | | |
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|  | *Numer NIP zakładu pracy* | | | | | | | | | |  | |  | |  | |  |
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| *Pieczęć zakładu pracy* | | | | | | | | | | | | |  | *Numer REGON zakładu pracy* | | | | | | | | | |  | |  | |  | |  |
| **Niniejszym zaświadcza się, że Pan/Pani\*\*** | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  |  | | |  |  |  |  |  | *Imię i Nazwisko* | | | | | | | | | | | | | | | |  | |  |
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| *Imię Ojca* | | | | | | | | |  | *Imię Matki* | | | | | | | | | |  | *Nazwisko rodowe (dotyczy mężatek)* | | | | | | | | | |
| **urodzony/urodzona\*\* dnia** | | | | | | | |  |  | | | | | **w** | |  | | | | | | | | | | | | | | |
|  |  |  |  |  | | |  |  | *dd-mm-rrrr* | | | | |  | | *Miejsce urodzenia* | | | | | | | | | | | | | | |
| **zamieszkały/zamieszkała\*\* w** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | | |  |  | *Miejsce zamieszkania wraz z kodem pocztowym* | | | | | | | | | | | | | | | | | | | | | |
| **legitymujący/legitymująca\*\* się** | | | | | | | | |  | | | | | **nr** | |  | | | | | |  |  | | | | | | | |
|  |  |  |  |  | | |  |  | *Rodzaj dokumentu* | | | | | | | *Seria i numer* | | | | | |  | *Numer PESEL* | | | | | | | |
|  | | | | | | |  | **jest zatrudniony/zatrudniona jako\*\*** | | | | | | | |  | | | | | | | | | | | | | | |
| *Numer NIP pracownika* | | | | | | |  |  |  |  |  |  |  |  | | *Nazwa zajmowanego stanowiska* | | | | | | | | | | | | | | |
| **od dnia** | |  | | | | | | |  | **w** |  | | | | | | | | | | | | | | | | | | | |
|  |  | *dd-mm-rrrr* | | | | | | |  |  | *Nazwa zakładu pracy wraz z numerem telefonu* | | | | | | | | | | | | | | | | | | | |
| **Zakład pracy jest:\*** | | | | | | | |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  | |  | |  | |  |
|  |  | **w stanie likwidacji** | | | | | |  |  | **w stanie upadłości** | | | |  | |  | |  | | **nie jest w stanie likwidacji an upadłości** | | | | | | | | | | |
| **Wymieniony pracownik jest:\*** | | | | | | | | |  |  |  |  |  |  | |  | |  | |  |  |  |  |  | |  | |  | |  |
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|  |  | **zatrudniony na czas nieokreślony** | | | | | | | | |  |  | **zatrudniony na czas określony do dnia** | | | | | | | | | | |  | | | | | | |
|  |  |  |  |  | | |  |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  | |  | |  | |  |
|  |  | **w okresie wypowiedzenia umowy o pracę/okresie próbnym\*\*** | | | | | | | | | | | | | | | |  | |  | **jest pracownikiem sezonowym** | | | | | | | | | |
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| **Jest zatrudniony\*** | | | | |  | **w pełnym wymiarze czasu pracy** | | | | | | | | |  | |  | | **w wymiarze pracy na** | | | | | |  | |  | | **etatu** | | |
|  |  |  |  |  | | |  |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  | |  | |  | |  |
| **Składki ZUS przekazywane są na rachunek Oddziału ZUS w** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Przeciętne wynagrodzenie miesięczne z ostatnich 3 miesięcy wynosi:** | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  | |  | |  | |  |
| **brutto** | |  | | | | | | **zł.** |  | **słownie** | |  | | | | | | | | | | | | | | | | | | |
| **netto** | |  | | | | | | **zł.** |  | **słownie** | |  | | | | | | | | | | | | | | | | | | |
| **Powyższe wynagrodzenie jest obciążone\*** | | | | | | | | | | |  |  |  |  | |  | |  | |  |  |  |  |  | |  | |  | |  |
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|  |  |  |  |  | | |  | **z tytułu pożyczki/kredytu\* udzielonego z ZFŚS** | | | | | | | | | | | | |  |  |  | | | | | | | |
|  |  |  |  |  | | |  |  |  |  |  |  |  |  | |  | |  | |  |  |  | *Miesięczna kwota* | | | | | | | |
|  |  |  |  |  | | |  | **sądowymi lub administracyjnymi tytułami egzekucyjnymi** | | | | | | | | | | | | | | |  | | | | | | | |
|  |  |  |  |  | | |  |  |  |  |  |  |  |  | |  | |  | |  |  |  | *Miesięczna kwota* | | | | | | | |
|  |  |  |  |  | | |  | **nie jest obciążone** | | | |  |  |  | |  | |  | |  |  |  |  |  | |  | |  | |  |
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|  |  |  |  |  | | |  |  |  |  |  |  |  |  | | *Pieczęć i podpis osoby upoważnionej do potwierdzenia powyższych danych* | | | | | | | | | | | | | | |

\* - zakreślić właściwe

\*\* - niepotrzebne skreślić

Uwagi

1. Zaświadczenie wypełnione niewłaściwie lub nieczytelnie nie będzie honorowane
2. Zaświadczenie jest ważne 30 dni od daty wystawienia
3. Stowarzyszenie jest upoważnione do weryfikacji danych zawartych w zaświadczeniu
4. Wystawca zaświadczenia ponosi odpowiedzialność prawną w przypadku podania danych niezgodnych z prawdą