

Nr. czł. ....

21248

Nazwisko i imię .....

Koszewski

Josef

Stwierdzam jako pracodawca, że wyżej wymieniony ... nie pracował.....

od dnia .....

6 lipca

do dnia .....

~~24/7~~  
~~18 lipca~~

(włącznie)

dnia .....

26 lipca

1931 r.

Podpis i stempel firmy

R. Hlas.

U W A G A

Należy wykazać datę pierwszego dnia  
wstrzymania się od pracy  
(początek choroby)

18/7 ~~24/7~~ ~~26/7~~ ~~27/7~~ ~~28/7~~ ~~29/7~~ ~~30/7~~ ~~31/7~~ ~~1/8~~ ~~2/8~~ ~~3/8~~ ~~4/8~~ ~~5/8~~ ~~6/8~~ ~~7/8~~ ~~8/8~~ ~~9/8~~ ~~10/8~~ ~~11/8~~ ~~12/8~~ ~~13/8~~ ~~14/8~~ ~~15/8~~ ~~16/8~~ ~~17/8~~ ~~18/8~~ ~~19/8~~ ~~20/8~~ ~~21/8~~ ~~22/8~~ ~~23/8~~ ~~24/8~~ ~~25/8~~ ~~26/8~~ ~~27/8~~ ~~28/8~~ ~~29/8~~ ~~30/8~~ ~~31/8~~ ~~1/9~~ ~~2/9~~ ~~3/9~~ ~~4/9~~ ~~5/9~~ ~~6/9~~ ~~7/9~~ ~~8/9~~ ~~9/9~~ ~~10/9~~ ~~11/9~~ ~~12/9~~ ~~13/9~~ ~~14/9~~ ~~15/9~~ ~~16/9~~ ~~17/9~~ ~~18/9~~ ~~19/9~~ ~~20/9~~ ~~21/9~~ ~~22/9~~ ~~23/9~~ ~~24/9~~ ~~25/9~~ ~~26/9~~ ~~27/9~~ ~~28/9~~ ~~29/9~~ ~~30/9~~ ~~1/10~~ ~~2/10~~ ~~3/10~~ ~~4/10~~ ~~5/10~~ ~~6/10~~ ~~7/10~~ ~~8/10~~ ~~9/10~~ ~~10/10~~ ~~11/10~~ ~~12/10~~ ~~13/10~~ ~~14/10~~ ~~15/10~~ ~~16/10~~ ~~17/10~~ ~~18/10~~ ~~19/10~~ ~~20/10~~ ~~21/10~~ ~~22/10~~ ~~23/10~~ ~~24/10~~ ~~25/10~~ ~~26/10~~ ~~27/10~~ ~~28/10~~ ~~29/10~~ ~~30/10~~ ~~31/10~~ ~~1/11~~ ~~2/11~~ ~~3/11~~ ~~4/11~~ ~~5/11~~ ~~6/11~~ ~~7/11~~ ~~8/11~~ ~~9/11~~ ~~10/11~~ ~~11/11~~ 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