*miejscowość, data*

ZAŚWIADCZENIE O ZATRUDNIENIU

**Zaświadczenie wypełnione niewłaściwie, niekompletne lub nieczytelne, nie będzie honorowane.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Dane pracownika** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko: | | | |  | | | | | | | | | | | |  | Imię: | |  | | | | | | | | | | |
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| PESEL: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwa | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adres pracodawcy** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ulica | |  | | | | | | | | | | | | | | |  | nr domu | | |  | |  | nr lokalu | | |  | |  |
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| miejscowość | | | |  | | | | | | | | | | | | |  | kod pocztowy | | | | |  |  |  |  |  |  |  |
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| kraj | |  | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nr telefonu kontaktowego | | | | | | | |  | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Zaświadcza się,** że ww. pracownik jest zatrudniony na podstawie: | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  |  | umowy o pracę od dnia | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | na czas nieokreślony | | | | | | |  | na czas określony\*) do dnia | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | umowy cywilno-prawnej | | | | | | | |  | innej (mianowania, powołania, pełnienia funkcji kadencyjnej) | | | | | | | | | | | | | | | | | | |
|  |  |  |
| Ww. **pracownik** znajduje się w okresie wypowiedzenia | | | | | | | | | | | | | | | |  |  |  | | |  |  | | | | | | |  |
|  |  | nie | |  | tak | | | | | | | | |

Wystawca zaświadczenia ponosi odpowiedzialność prawną w przypadku podania danych niezgodnych ze stanem faktycznym.

*stempel firmowy zakładu pracy z nr REGON* *podpis i stempel imienny osoby upoważnionej*