Zał. nr 8 do Regulaminu Staży

**WNIOSEK O WYPŁATĘ WYNAGRODZENIA ZA STAŻ ZAWODOWY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PESEL: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon kontaktowy: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kierunek studiów: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Semestr studiów (1-6): | | | | | | | |  | | | | | Nr indeksu: | | | | |  | | | | | | | | | | | | | | | | | |
| Nr konta bankowego, na który należy przekazać stypendium: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  | |  | |  |  | |  |  |  |  | |  |  | |  | |  |  |  | |  |  | |  |  |  | |  |
| Nazwa banku: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adres właściciela rachunku | | | | | ulica: | | |  | | | | | | | | | | | | | | | nr domu | | | |  | | | nr lokalu | | | |  | |
| miasto | | |  | | | | | | | | | | | | | | | kod: | | | |  | | | | | | |  | |
| Oświadczam, że zapoznałem (-am) się z zasadami i warunkami przyznawania wynagrodzenia za staż oraz że podane przeze mnie powyżej informacje oraz dokumenty potwierdzające odbycie stażu są zgodne ze stanem faktycznym. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Podpis wnioskodawcy (stażysty) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Wypełnia Opiekun Merytoryczny kierunku*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Potwierdzam kompletność i prawidłowość złożonych dokumentów, oraz zaliczenie stażu TAK/NIE[[1]](#footnote-1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data złożenia wniosku: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis Opiekuna Merytorycznego: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Data: | | |  | | | | | | | | | | | | | | |
| Pozytywna decyzja o przyznanym wynagrodzeniu za staż zawodowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Negatywna decyzja (wynagrodzenie stażowe nie zostaje przyznane)[[2]](#footnote-2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Podpis Koordynatorki Projektu oraz Koordynatorki finansowej projektu:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uzasadnienie decyzji o nieprzyznaniu wynagrodzenia za staż: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. Właściwe zakreślić kółkiem [↑](#footnote-ref-1)
2. Należy podać uzasadnienie (verte!) [↑](#footnote-ref-2)