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| **PARTES DE ASISTENCIA DE LA CONVOCATORIA DE AYUDAS DE REFUERZO DE LA EMPLEABILIDAD DE PERSONAS JÓVENES CON TRASTORNO MENTAL POEJ 2019** | | | |
| Nº Expediente del proyecto: | | Entidad beneficiaria: |  |
| MES: | SEMANA: | Horas totales semana: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **LUNES**  **\_\_/\_\_/2019** | | **MARTES**  **\_\_/\_\_/2019** | | **MIÉRCOLES**  **\_\_/\_\_/2019** | | **JUEVES**  **\_\_/\_\_/2019** | | **VIERNES**  **\_\_/\_\_/2019** | |
|  |  | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin |
|  |  | Total Horas día: | | Total Horas día: | | Total Horas día: | | Total Horas día: | | Total Horas día: | |
| Nº | NOMBRE Y APELLIDOS | FIRMAS | | | | | | | | | |
| 1 |  |  | |  | |  | |  | |  | |
| 2 |  |  | |  | |  | |  | |  | |
| 3 |  |  | |  | |  | |  | |  | |
| 4 |  |  | |  | |  | |  | |  | |
| 5 |  |  | |  | |  | |  | |  | |
| 6 |  |  | |  | |  | |  | |  | |
| 7 |  |  | |  | |  | |  | |  | |
| 8 |  |  | |  | |  | |  | |  | |
| 9 |  |  | |  | |  | |  | |  | |
| 10 |  |  | |  | |  | |  | |  | |