|  |  |  |  |
| --- | --- | --- | --- |
| **PARTES DE ASISTENCIA DE LA CONVOCATORIA DE AYUDAS DE REFUERZO DE LA EMPLEABILIDAD DE PERSONAS CON DISCAPACIDAD “UNO A UNO” POISES 2018-2019** | | | |
| Nº Expediente del proyecto: | | Entidad beneficiaria: |  |
| MES: | SEMANA: | Horas totales semana: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **LUNES**  **01/04/2019** | | **MARTES**  **02/04/2019** | | **MIÉRCOLES**  **03/04/2019** | | **JUEVES**  **04/04/2019** | | **VIERNES**  **05/04/2019** | |
|  |  | 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 |  |  | |  | |  | |  | |  | |