Sodalis vzw

Erkend Sociaal Secretariaat nr 540/542/543



Register der afwijkingen van het normale werkrooster voor deeltijdse werknemers

**Werkgever:**

**Adres:**

**Postcode en woonplaats:**

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| Naam, voornaam | Datum van de afwijking | AFWIJKING VAN HET NORMALE WERKROOSTER | | | | | | Handtekening van de werknemer | Handtekening van de werkgever |
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