# Declaratie

Subsemnatul ……………………………..avand functia ………………………angajat la …………………………………….. , declar pe propria raspundere ca imi desfasor activitatea in cadrul unitatii, dupa urmatorul program:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Luni | Marti | Miercuri | Joi | Vineri | Sambata | Duminica | Total ore  /saptamana |
| Nr.ore |  |  |  |  |  |  |  |  |
| Program |  |  |  |  |  |  |  |  |

Declar ca mai sunt angajat si la urmatoarele unitati/furnizori cu urmatorul program :

1. Unitate/Furnizor ……………………………………..

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Luni | Marti | Miercuri | Joi | Vineri | Sambata | Duminica | Total ore  /saptamana |
| Nr.ore |  |  |  |  |  |  |  |  |
| Program |  |  |  |  |  |  |  |  |

1. Unitate/Furnizor …………………………………….

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Luni | Marti | Miercuri | Joi | Vineri | Sambata | Duminica | Total ore  /saptamana |
| Nr.ore |  |  |  |  |  |  |  |  |
| Program |  |  |  |  |  |  |  |  |

Data : ……./…../………. Semnatura\*…………………………..

\* semnatura si parafa in cazul medicilor