

FOGLIO PRESENZE di _____

NOMINATIVO		PRESTAZIONI PER CIASCUNA GIORNATA																		ORE CALCOLATE							
N°Matr.	Cognome e Nome																										
																				ORE LAVORATIVE					MAGG. TURNI		
																				GG	ORD	STR 20%	STR 35%	STR 55%	10%	25%	30%
																				ASSENZE							
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