



Report P V S

First name and surname		Department
		Period
Date	Activity performed	hours worked
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
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21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
TOTAL HOURS REPORTED		0
AMOUNT OF REMUNERATION		- Kč

Signature of the Head of Department

PVS signature

