*k dohode o vykonaní práce na zabezpečenie pracovných úloh pre potreby pedagogickej praxe na PF UMB*

Zamestnanec – tútor ..........................................................................................................

Osobné číslo:

Špecializované výučbové zariadenie (adresa): ........................................................................................

Druh praxe: odborná  *prax v odbore Sociálna práca, LS 2020*

Dohodnutý druh práce: *vedenie študentov Pedagogickej fakulty pri vykonávaní odbornej praxe v odbore Sociálna práca v LS 2020*

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|  | **Meno a priezvisko študenta** |  | **Meno a priezvisko študenta**  |
| **1.** |  | **7.** |  |
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| **3.** |  | **9.** |  |
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| **Dátum** | **Deň****(pondelok - piatok)** | **Spolu hodín** | **Dátum** | **Deň****(pondelok - piatok)** | **Spolu hodín** |
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| **SPOLU hodín**      |  |

Dátum: Podpis zamestnanca – tútora:

 doc. PaedDr. Lenka Rovňanová, PhD.

dátum, meno a priezvisko, podpis zamestnanca, ktorý prácu prevzal