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| **-ANEXO VII-****PARTE MENSUAL DE ASISTENCIA DE LAS PERSONAS TRABAJADORAS****SUBVENCIÓN PARA LA CONTRATACIÓN DE PERSONAS DESEMPLEADAS Y EN SITUACIÓN****DE EXCLUSIÓN SOCIAL** |

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| --- |
|  |
| Entidad: |       |  |
|  |
| Proyecto: |       |  |
|  |
| Localidad: |       | Provincia: |       | Mes: |       |  |
|  |

**Los datos de asistencia reflejados a continuación deben coincidir con los totales certificados en los Anexo V.A. y V.B.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE Y APELLIDOS** | **DNI** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
|       |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|       |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|       |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|       |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|       |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|       |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Instrucciones cumplimentación:

- ***T: Asiste al trabajo***

***- F: Día festivo o no laborable***

***- V: Vacaciones***

***- N: No asiste al trabajo (baja médica, absentismo, etc) El motivo de su ausencia se justificará en el Anexo V.A.***

D/Dª      , en representación de la entidad.

En       a    de       de     .

EL/LA REPRESENTANTE