

LISTE DE PRESENCE HEBDOMADAIRE DES DEMANDEURS D'EMPLOI AFFECTES A UN STAGE DE PROFESSIONNALISATION

ADEM
B.P. 2208

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Nom du promoteur: _____
 Matricule: _____
 Adresse: _____
 Personne de contact: _____
 Téléphone: _____
 Email: _____

Mois: /20..

| NOM & Prénom | MATRICULE | 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 | | | | | |
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P = Présence
 A = Absence non motivée (avertir tout de suite l'ADEM)
 C = Congé
 M = Maladie (à attester par certificat médical)

La liste de présence hebdomadaire est à remettre chaque semaine à l'ADEM

Certifié exacte le:

Signature du responsable des travaux:
