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|  | | | | | | | | | | | Powiatowy Urząd Pracy  w Olkuszu | | | | | | | | | | | | | | Nr wniosku: | | | | | | | | | |
| Wniosek o przyznanie ryczałtu na pokrycie kosztów przejazdu  w ramach bonu stażowego | | | | | | | | | | | | | | | | | | | | | | | | | Data wpływu do Urzędu | | | | | | | | | |
| Dane wnioskodawcy (osoby bezrobotnej) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i Nazwisko wnioskodawcy | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Adres miejsca zamieszkania | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Adres odbywania stażu | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Numer telefonu | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Wnioskowana kwota ryczałtu na pokrycie kosztów przejazdu w ramach bonu stażowego miesięcznie | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Sposób odbioru ryczałtu:  🞎 osobiście w Banku Spółdzielczym w Wolbromiu Oddział Olkusz  🞎 przelew na rachunek bankowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa Banku: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer rachunku bankowego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Ⅹ** |  |  |  |  | **Ⅹ** |  |  |  | |  | **Ⅹ** |  |  |  |  | | **Ⅹ** |  |  |  |  | **Ⅹ** | |  |  |  |  | **Ⅹ** |  |  |  |  |
| Data i czytelny podpis osoby bezrobotnej | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Wypełnia PUP Olkusz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Decyzja Dyrektora PUP lub osoby upoważnionej o przyznaniu ryczałtu na pokrycie kosztów przejazdu  🞎 zatwierdzam  🞎 nie zatwierdzam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wysokość ryczałtu miesięcznie: | | | | | | | | | | | | | | | | | | Okres na jaki został przyznany ryczałt: | | | | | | | | | | | | | | | | |
| Data i podpis Dyrektora PUP lub osoby upoważnionej | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |