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| Wn-W **Uwaga! Pełna funkcjonalność formularza i powiadomienie o aktualizacji po WŁĄCZENIU MAKR. Jak to zrobić www.iform.pl/makra** | | | | | | | | | Wniosek o przyznanie refundacji kosztów wyposażenia stanowiska pracy osoby niepełnosprawnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podstawa prawna: | | | | | | | | | | | Art. 26e ust. 8 ustawy z dnia 27 sierpnia 1997 r. o rehabilitacji zawodowej i społecznej oraz zatrudnianiu osób niepełnosprawnych | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | (Dz. U. z 2011 r. Nr 127, poz. 721, z późn. zm.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Składający1: | | | | | | | | | | |  | | | | | | A. Pracodawca ubiegający się o przyznanie refundacji kosztów wyposażenia stanowiska pracy osoby niepełnosprawnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | B. Starosta lub prezydent miasta na prawach powiatu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresat: | | | | | | | | | | |  | | | | | | A. Starosta lub prezydent miasta na prawach powiatu | | | | | | | | | | | | | | | | | | | | | |  | B. Prezes Zarządu Funduszu | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A. Dane o wniosku | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Wniosek1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 2. Numer akt | | | | | | | | | | | |  | 3. Data wpływu | | | | | | | | | | | | | | | | | | |  |
|  |  | | 1. Zwykły | | | | | | | | | | | | | | | | | | | |  | | | 2. Korygujący | | | | | |  |  | | | | | | | | | | | |  |  | | |  | | | | | | - | |  | | | | - |  | |  |  |
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| Część I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| B. Dane ewidencyjne składającego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | B1. Dane ewidencyjne i adres składającego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 4. Imię (imiona) i nazwisko składającego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5. NIP | | | | | | | | | | | | | | | 6. PKD | | | | | |  |
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|  | 7. Województwo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8. Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 9. Kod pocztowy | | | | | | | | | | 10. Poczta | | | | | | | | | | | | | | | | | | | | | | | | 11. Ulica | | | | | | | | | | | 12. Nr domu | | | | | | | | | | 13. Nr lokalu | | | | | | | | |  |
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|  | 14. Telefon2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 15. Faks2 | | | | | | | | | 16. E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | B2. Adres do korespondencji *Wypełnia składający mający inny adres korespondencyjny niż adres wykazany w bloku B1* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 17. Kod pocztowy | | | | | | | | | | | | | | 18. Poczta | | | | | | | | | | | | | | | | | | | | 19. Ulica | | | | | | | | | | | 20. Nr domu | | | | | | | | | | 21. Nr lokalu | | | | | | | | |  |
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|  | 22. Telefon2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 23. Faks2 | | | | | | | | | 24. E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | B3. Dodatkowe informacje | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 25. Nazwa banku | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26. Numer rachunku bankowego | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 27. Krótki opis dotychczasowej działalności | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| C. Dane dotyczące wnioskowanej pomocy3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 28. Wnioskowana kwota ogółem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 29. Forma zabezpieczenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| D. Analiza finansowa składającego (1) 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Aktywa trwałe i obrotowe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rok poprzedzający ostatni rok obrotowy | | | | | | | | | | Ostatni rok obrotowy | | | | | | | | | | Bieżący rok | | | | | | | | | | | | | |  |
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|  | Grunty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **30.** | | | | | | | | | | 31. | | | | | | | | | | 32. | | | | | | | | | | | | | |  |
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|  | Budynki | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **33.** | | | | | | | | | | **34.** | | | | | | | | | | **35.** | | | | | | | | | | | | | |  |
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|  | Pozostały rzeczowy majątek (trwały) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **36.** | | | | | | | | | | **37.** | | | | | | | | | | **38.** | | | | | | | | | | | | | |  |
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|  | Zapasy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **39.** | | | | | | | | | | **40.** | | | | | | | | | | **41.** | | | | | | | | | | | | | |  |
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|  | Środki na rachunku bankowym | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **42.** | | | | | | | | | | **43.** | | | | | | | | | | **44.** | | | | | | | | | | | | | |  |
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|  | Należności od odbiorców | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **45.** | | | | | | | | | | **46.** | | | | | | | | | | **47.** | | | | | | | | | | | | | |  |
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|  | Inne (aktywa obrotowe nieujęte powyżej) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **48.** | | | | | | | | | | **49.** | | | | | | | | | | **50.** | | | | | | | | | | | | | |  |
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|  | Razem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **51.** | | | | | | | | | | **52.** | | | | | | | | | | **53.** | | | | | | | | | | | | | |  |
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|  | Źródła finansowania aktywów | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rok poprzedzający ostatni rok obrotowy | | | | | | | | | | Ostatni rok obrotowy | | | | | | | | | | Bieżący rok | | | | | | | | | | | | | |  |
|  | trwałych i obrotowych | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | Kapitał własny | | | | | | | | | | **54.** | | | | | | | | | | **55.** | | | | | | | | | | **56.** | | | | | | | | | | | | | |  |
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|  | Zewnętrzne źródła finansowania, w tym kredyty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **57.** | | | | | | | | | | **58.** | | | | | | | | | | **59.** | | | | | | | | | | | | | |  |
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|  | Zobowiązania wobec dostawców | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **60.** | | | | | | | | | | **61.** | | | | | | | | | | **62.** | | | | | | | | | | | | | |  |
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|  | Inne zobowiązania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **63.** | | | | | | | | | | **64.** | | | | | | | | | | **65.** | | | | | | | | | | | | | |  |
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|  | Razem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **66.** | | | | | | | | | | **67.** | | | | | | | | | | **68.** | | | | | | | | | | | | | |  |
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| 1 W odpowiednich polach wstawić znak X. Nie wypełniać poz. 6, 7, 25–27, 30–72 w przypadku wykazania tych danych w innym wniosku Wn-W składanym łącznie z niniejszym wnioskiem. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Wn-W (I)** | | | | | | **1/2** | |
| 2 Należy podać także numer kierunkowy.  3 Dla stanowiska pracy, którego dotyczy refundacja, należy wypełnić część II wniosku po poniesieniu kosztów podlegających refundacji i wraz z kopią dowodu poniesienia tych kosztów  dołączyć do złożonego wniosku. 4 Pracodawcy nieprowadzący ksiąg rachunkowych wykazują dane wyłącznie za bieżący rok. Starosta lub prezydent miasta na prawach powiatu, składając wniosek, nie wypełnia poz. 30-72. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Analiza finansowa składającego (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 69. Zobowiązania budżetowe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 70. Inne zobowiązania | | | | | | | 71. Kwota kredytów bankowych | | | | | | | | | | | 72. Nazwa banku | | | | | | | | | | | | | | | | |  |
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| E. Dane dotyczące stanowiska pracy osoby niepełnosprawnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | E1. Charakterystyka stanowiska pracy 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 73. Nazwa stanowiska pracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 74. Lokalizacja stanowiska pracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 75. Opis operacji i czynności | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 76. Wymagane kwalifikacje | | | | | | | 77. Wymagania dotyczące | | | | | | | | | | | 78. Rodzaj i stopień niepełnosprawności | | | | | | | | | | | | | | | | |  |
|  | wykonywanych na wyposażonym | | | | | | | | | | | | | | | | | | | | | | | | | | | | | i umiejętności pracownika | | | | | | | sprawności ruchowej | | | | | | | | | | | osób, które mogą wykonywać | | | | | | | | | | | | | | | | |  |
|  | stanowisku pracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | niepełnosprawnego | | | | | | | i predyspozycji psychicznych | | | | | | | | | | | pracę na wyposażonym stanowisku | | | | | | | | | | | | | | | | |  |
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|  | E2. Informacje o wyposażeniu stanowiska pracy osoby niepełnosprawnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Lp. | | Wyszczególnieniewyposażenia stanowiska pracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Wyszczególnieniewyposażenia stanowiska pracydo refundacji | | | | | | | | Zmianowość6 | Liczba osób do obsługi7 | | | | Wymiar czasu pracy8 | | | | | | Koszty wyposażenia stanowiska pracy9 | | | | | | | | Kwota do refundacji | | | |  |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | |  | | | | | |  | | | | | | | |  | | | |  |
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|  |  | | 79. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 80. | | | | | | | | 81. | 82. | | | | 83. | | | | | | 84. | | | | | | | | 85. | | | |  |
|  | **1** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | |  | | | | | |  | | | | | | | |  | | | |  |
|  |  | | 86. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 87. | | | | | | | | 88. | 89. | | | | 90. | | | | | | 91. | | | | | | | | 92. | | | |  |
|  | **2** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | |  | | | | | |  | | | | | | | |  | | | |  |
|  |  | | 93. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 94. | | | | | | | | 95. | 96. | | | | 97. | | | | | | 98. | | | | | | | | 99. | | | |  |
|  | **3** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | |  | | | | | |  | | | | | | | |  | | | |  |
|  |  | | 100. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 101. | | | | | | | | 102. | 103. | | | | 104. | | | | | | 105. | | | | | | | | 106. | | | |  |
|  | **4** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | |  | | | | | |  | | | | | | | |  | | | |  |
|  |  | | 107. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 108. | | | | | | | | 109. | 110. | | | | 111. | | | | | | 112. | | | | | | | | 113. | | | |  |
|  | **5** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | |  | | | | | |  | | | | | | | |  | | | |  |
|  |  | | 114. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 115. | | | | | | | | 116. | 117. | | | | 118. | | | | | | 119. | | | | | | | | 120. | | | |  |
|  | **6** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | |  | | | | | |  | | | | | | | |  | | | |  |
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|  | Oświadczam, że1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  | | | posiadam / | | | | | | | | | |  | | | | | | nie posiadam zaległości w zobowiązaniach wobec Państwowego Funduszu Rehabilitacji Osób Niepełnosprawnych, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  | | | zalegam / | | | | | |  | | | | | | nie zalegam z opłacaniem w terminie podatków i składek na ubezpieczenia społeczne i zdrowotne oraz na Fundusz Pracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | i Fundusz Gwarantowanych Świadczeń Pracowniczych, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  | | | toczy się / | | | | | | |  | | | | | | | nie toczy się w stosunku do składającego postępowanie upadłościowe i nie został zgłoszony wniosek o likwidację, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Do wniosku załączam: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | aktualne zaświadczenia lub inne dokumenty potwierdzające dane, o których mowa w bloku B, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | odpowiednio: bilans oraz rachunek zysków i strat za ostatnie dwa lata10 obrotowe – w przypadku podmiotów sporządzających bilans, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | w pozostałych przypadkach – roczne rozliczenia podatkowe za ostatnie dwa lata10 wraz z dowodem przyjęcia przez urząd skarbowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | lub poświadczone przez audytora albo z dowodem nadania do urzędu skarbowego, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | aktualne zaświadczenie z banku o posiadanych środkach finansowych, obrotach na rachunku za ostatni rok, ewentualnym zadłużeniu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | i prawnej formie zabezpieczenia oraz lokatach terminowych. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Oświadczam, że powyższe dane są zgodne ze stanem prawnym i faktycznym . Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | nieprawdy lub zatajenie prawdy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 121. Data sporządzenia wniosku | | | | | | | | | | | | | | | | | | | | | | | | | | | 122. Podpis i pieczęć składającego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| F. Opinia powiatowego urzędu pracy o możliwości skierowania do pracy na opisane wyżej stanowiska pracy zarejestrowanych osób **niepełnosprawnych** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 123. Data sporządzenia opinii | | | | | | | | | | | | | | | | | | | | | | | | | | | 124. Podpis i pieczęć | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5** W przypadku różnych stanowisk pracy dla każdego z nich należy podać charakterystykę na odrębnych formularzach.  6 W przypadku planowego wykorzystania wyposażenia stanowiska pracy przy pracy zmianowej należy wpisać liczbę zmian.  7 Liczba osób do obsługi wyposażenia stanowiska pracy na jednej zmianie.  8 Łączne zatrudnienie osób niepełnosprawnych na stanowisku refundowanym nie może być mniejsze niż jeden etat.  9 Dotyczy kosztów w części niesfinansowanej ze środków publicznych i niewykazanej w innym wniosku Wn-W.  10 W przypadku pracodawcy działającego przez okres krótszy niż dwa lata należy przedstawić dokumenty za okres co najmniej 12 miesięcy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Wn-W | | | | | | | | | | | | Wniosek o przyznanie refundacji kosztów wyposażenia stanowiska pracy osoby niepełnosprawnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podstawa | | | | | | | | | | | | | | | Art. 26e ust. 8 ustawy z dnia 27 sierpnia 1997 r. o rehabilitacji zawodowej i społecznej oraz zatrudnianiu osób niepełnosprawnych | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| prawna: | | | | | | | | | | | | | | | (Dz. U. z 2011 r. Nr 127, poz. 721, z późn. zm.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Składający: | | | | | | | | | | | | | | |  | | | | A. Pracodawca ubiegający się o przyznanie refundacji kosztów wyposażenia stanowiska pracy osoby niepełnosprawnej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | B. Starosta lub prezydent miasta na prawach powiatu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresat: | | | | | | | | | | | | | | |  | | | | A. Starosta lub prezydent miasta na prawach powiatu | | | | | | | | | | | | | | | | | | |  | B. Prezes Zarządu Funduszu | | | | | | | | | | | |
| Część II | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| A. Dane ewidencyjne i adres składającego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. Numer akt | | | | |  |
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|  | 2. Pełna nazwa składającego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 3. Kod pocztowy | | | | | | | | | | | | | | | 4. Poczta | | | | | | | | | | | | | | | | | | | 5. Ulica | | | | | | | | 6. Numer domu | | | 7. Numer lokalu | | | |  |
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|  | 8. Telefon1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9. Faks1 | | | | | | | | 10. E-mail | | | | | | | | | | | | |  |
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| B. Dane o wniosku | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 11. Okres sprawozdawczy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 12. Wniosek | | | | | | |  | 13. Numer kolejny wniosku2 | | | | | | | | |  |
|  | 1. Miesiąc | | | | | | | | | | | | | | | | | 2. Rok | | | | | | | | | | | | | |  |  | | | | | | |  |  | | | | | | | | |  |
|  |  | |  | | |  | | | |  | | | |  | | | |  | | |  | | | | | | | | | |  |  | 1. Zwykły  2. Korygujący | | | | | | |  |  |
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| C. Lista osób niepełnosprawnych zatrudnionych na refundowanym stanowisku pracy3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Lp. | | | Imię i nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Stopień niepełnosprawności | | | | | | | | Wymiar czasu pracy | | | | | |  |
|  | 1 | | | 14. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 15. | | | | | | | | 16. | | | | | |  |
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|  | 2 | | | 17. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 18. | | | | | | | | 19. | | | | | |  |
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|  | 3 | | | 20. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 21. | | | | | | | | 22. | | | | | |  |
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|  | 4 | | | 23. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 24. | | | | | | | | 25. | | | | | |  |
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|  | 5 | | | 26. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 27. | | | | | | | | 28. | | | | | |  |
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|  | 6 | | | 29. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 30. | | | | | | | | 31. | | | | | |  |
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|  | Razem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 32. | | | | | |  |
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| D. Zestawienie poniesionych kosztów podlegających refundacji | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Lp. | | | Wyposażenie | | | | | | | | | | | | | | | | | | | | | | | | | | Numerfabryczny | | | | Numer inwentarzowy | | Datadowodu poniesieniakosztu | | | | | | Numerdowodu poniesieniakosztu | | Kwotaogółem | | | | Kwotado refundacji4 | |  |
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|  | 1 | | | 33. | | | | | | | | | | | | | | | | | | | | | | | | | | 34. | | | | 35. | | 36. | | | | | | 37. | | 38. | | | | 39. | |  |
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|  | 2 | | | 40. | | | | | | | | | | | | | | | | | | | | | | | | | | 41. | | | | 42. | | 43. | | | | | | 44. | | 45. | | | | 46. | |  |
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|  | 3 | | | 47. | | | | | | | | | | | | | | | | | | | | | | | | | | 48. | | | | 49. | | 50. | | | | | | 51. | | 52. | | | | 53. | |  |
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|  | 4 | | | 54. | | | | | | | | | | | | | | | | | | | | | | | | | | 55. | | | | 56. | | 57. | | | | | | 58. | | 59. | | | | 60. | |  |
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|  | 5 | | | 61. | | | | | | | | | | | | | | | | | | | | | | | | | | 62. | | | | 63. | | 64. | | | | | | 65. | | 66. | | | | 67. | |  |
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|  | 6 | | | 68. | | | | | | | | | | | | | | | | | | | | | | | | | | 69. | | | | 70. | | 71. | | | | | | 72. | | 73. | | | | 74. | |  |
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|  | 7 | | | 75. | | | | | | | | | | | | | | | | | | | | | | | | | | 76. | | | | 77. | | 78. | | | | | | 79. | | 80. | | | | 81. | |  |
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|  | 8 | | | 82. | | | | | | | | | | | | | | | | | | | | | | | | | | 83. | | | | 84. | | 85. | | | | | | 86. | | 87. | | | | 88. | |  |
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|  | 10 | | | 96. | | | | | | | | | | | | | | | | | | | | | | | | | | 97. | | | | 98. | | 99. | | | | | | 100. | | 101. | | | | 102. | |  |
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|  | Razem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 103. | | | | 104. | |  |
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|  | **Oświadczam, że dane zawarte we wniosku są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 105. Data sporządzenia wniosku | | | | | | | | | | | | | | | | | | | | | | | | | | 106. Podpis i pieczęć składającego | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1 Należy podać także numer kierunkowy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Wn-W(II)** | | **1/1** | |
| 2 Należy wypełnić odrębnie dla każdego stanowiska.  3 Należy wykazać dane dotyczące osób, których dotyczyła refundacja.  4 W poz. 104 należy wykazać kwotę udokumentowanych kosztów zakupu lub wytworzenia wyposażenia stanowiska pracy, na którym będzie wykonywać pracę osoba niepełnosprawna, wraz z  kwotą niepodlegającego odliczeniu podatku od towarów i usług oraz podatku akcyzowego do wysokości łącznej kwoty refundacji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |