**WZÓR Zał. Nr 10 do Regulaminu ZFSŚ w PSM I i II st. w Jeleniej Górze**

*Minimalne wynagrodzenie……………………………………… w roku ………………………………….*

* *Tabela przydziału osób uprawnionych do korzystania ze świadczeń ZFŚS wg poszczególnych grup dochodowych ( tabela może być aktualizowana na każdy rok):*

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| ***Progi dochodowe*** |
| Lp. |  |  |  |  |  |  |  | ***Uwagi*** |
| **grupa** | **I** | **II** | **III** | **IV** | **V** | **VI** | **VII** |  |
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