Anexa nr. 2

UNITATEA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Str. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nr. \_\_\_\_\_\_\_\_\_\_ bl. \_\_\_\_\_\_\_, sc. \_\_\_\_\_, et. \_\_\_\_\_\_\_\_\_,ap. \_\_\_\_\_\_\_\_\_\_\_

Sectorul/judetul \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CENTRALIZATOR
privind certificatele de concediu medical aferent Iunii \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ anul \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nr. Crt.** | **Numele si prenumele asiguratului** | **CNP asigurat** | **Certificat medical** | **Certificat medical initial** | **Cod****indemnizatie** | **Baza de calcul indemnizatie cf. L 346/2002 R** | **Zile baza de****calcul** | **Media zilnica** | **Zile suportate de angajator** | **Indemnizatie platita asiguratilor salariati de catre angajator, care se recupereaza din FAMPB** |
| **Serie** | **Numar** | **Serie** | **Numar** | **Zile** | **Lei** |
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Ne asumăm raspunderea pentru realitatea datelor prezentate mai sus.

**Director, / Administrator Director economic.**