Periode: Novembre 2019

 $Intervenant: \underline{MKHININI\ ADAM}$ 

 ${\bf Client: \underline{Omicrone}}$ 



|                            | Fr<br>1 | i Sat<br>2         | Sur<br>3 | Mor<br>4 | Tue<br>5 | Wed<br>6 | Thu<br>7 | ı Fr<br>8 |          |     | Mon<br>11 | Tue<br>12 | Wed<br>13 | Thu<br>14 | ı Fri<br>15 | Sat<br>16 | Sun<br>17 | Mor<br>18 | Tue<br>19 | Wed<br>20 | Thu<br>21 | Fri<br>22 | Sat<br>23 | Sun<br>24 | Mon<br>25 | Tue<br>26 | Wed<br>27 | Thu<br>28 | Fri Sa<br>29 30 | t           |
|----------------------------|---------|--------------------|----------|----------|----------|----------|----------|-----------|----------|-----|-----------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------------|-------------|
|                            |         |                    | •        | •        |          |          | _        |           |          |     |           |           |           | •         |             |           | _         |           |           |           |           |           |           | _         |           |           |           | -         |                 |             |
| Journée<br>facturables     | 1       |                    |          | 1        | 1        | 1        | 1        | 1         |          |     | 1         | 1         | 1         | 1         | 1           |           |           | 1         | 1         | 1         | 1         | 1         |           |           | 1         | 1         | 1         | 1         | 1               | Total<br>21 |
| Absence -<br>congé         |         |                    |          |          |          |          |          |           |          |     |           |           |           |           |             |           |           |           |           |           |           |           |           |           |           |           |           |           |                 | Total<br>0  |
| Absence -<br>maladie       |         |                    |          |          |          |          |          |           |          |     |           |           |           |           |             |           |           |           |           |           |           |           |           |           |           |           |           |           |                 | Total<br>0  |
| Astreinte<br>Interventions |         |                    |          |          |          |          |          |           |          |     |           |           |           |           |             |           |           |           |           |           |           |           |           |           |           |           |           |           |                 | ]           |
|                            | Fr      | i Sat              | Sur      | Mor      | Tue      |          | •        |           | <u>"</u> | Sun | Mon       | Tue       | Wed       | lThu      | _           |           |           |           | _         | Wed       | Thu       | Fri       | Sat       | Sun       | Mon       | Tue       | Wed       | Thu       | Fri Sa          | Total<br>21 |
|                            |         | Client Prestataire |          |          |          |          |          |           |          |     |           |           |           |           |             |           |           |           |           |           |           |           |           |           |           |           |           |           |                 |             |
|                            |         |                    | ate      | :        |          |          |          |           |          |     |           |           |           |           |             |           |           |           |           |           |           |           |           |           |           |           |           |           |                 |             |
|                            |         | S                  | igna     | ture     | :        |          |          |           |          |     |           |           |           |           |             |           |           |           |           |           |           |           |           |           |           |           |           |           |                 |             |