Anexa 2

S.C ..................................................

Str. ..........................nr. ….., bl. ….., sc. ….., et. ….., ap. …..., sector/localitate/județ............

Codulfiscal .........................................

Contul ..................................................

Trezoreria/Banca .................................

Nr. ............../...............................

CENTRALIZATOR privind certificatele de concediu medical aferente lunii ............. anul ……

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| Nr. crt. | Numele si prenumele asiguratului | CNP asigurat | Concediu medical | | Concediu medical initial | | Cod indemnizatie | Baza calcul indemniza  tie cf. L 346/2002 R | Zile baza calcul | Media zilnica | Zile suportate de angajator | Indemnizatie platita asiguratilor salariati de catre angajator, care se recupereaza din FAMBP | |
| serie | numar | serie | numar | zile | lei |
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\*In cazul certificatelor de concediu medical in continuare se pastreaza baza de calcul a certificatului de concediu medical initial.

\*Ne asumam raspunderea pentru realitatea datelor prezentate mai sus si pentru corectitudinea determinarii acestora.

Director,

(Administrator) Director economic,

…………………… ……………………