*Annex No. 14 to Regulation No 95/2020*

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Workplace Stamp

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date

**CERTIFICATE**

of completing student internships

**I, hereby, certify** that Mr/Ms ............................................ ................ PESEL No. .............................., the student of the Jan Kochanowski University in Kielce, completed the student internships in our Workplace in the period from ....................................... to ............................................... .

The internship was based on a referral from the University, employment contract \*.

During the internship the student was acquainted with rights and obligations (in accordance with  
the applicable legal provisions, including in the field of health and safety) of persons employed in the Workplace, in which the internship was served and with the organization and management principles applied in the unit in which the internship was held.

.........................................................  
(signature of the director

of the Workplace or authorized person)

\* delete as appropriate