

Beschäftigterbetrieb:

Stundennachweis / Monatsbericht für Monat:

| Pers. Nr.: | | Name Mitarbeiter: | | | | | | | | | | | |
|-------------------------------------|------------|-------------------|-----|-------|------------------|------------|-----------|------------|---|--------|----------|--------|------------------|
| Kalender | | Arbeitszeit | | | Abrechnungsdaten | | | | Abwesenheiten | | | | Diverses |
| Datum | Wochen tag | von | bis | Pause | Normal Std. | Zeit-saldo | Üstd. 50% | Üstd. 100% | krank | Urlaub | Feiertag | Sonst. | Dienstreise etc. |
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| Gesamt: | | | | | | | | | | | | | |
| Korrektur: | | | | | | | | | | | | | |
| Datum, Unterschrift Mitarbeiter LIS | | | | | | | | | Datum, Stempel, Unterschrift Kunde/Auftraggeber | | | | |