**Arbeitszeitnachweis für Mitarbeiter*innen**

Standort: _____

Name, Vorname: _____

Abrechnungszeitraum: _____

| Datum | Beginn | Ende | Pause | Zeit | Bemerkung |
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Stunden gesamt: _____

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Unterschrift Arbeitnehmer

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Unterschrift Päd. Leitung