



## Stundenrapport Assistenzleistung

Name: \_\_\_\_\_

Vorname: \_\_\_\_\_

Monat: \_\_\_\_\_

| Datum: | Dauer: | Notizen: | Gearbeitet | Krank | Unfall |
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\_\_\_\_\_  
Unterschrift Arbeitgeber

\_\_\_\_\_  
Unterschrift Arbeitnehmer