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| **År****\_** | **Månad****\_** | **Namn****\_** | **Personnummer****\_** |

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| **Dag** | **Arbetstid**Fr om T o m | **Rast** min | **Rast** fr om | **Antal** tim | **Jour/Beredskap**Fr om T o m | **Förvaltning/Enhet**Klicka här för att ange text. |  **Måltids** **avdrag\*** | **Kodsträng** Ansvar Projekt Verks Spec Objekt |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Totalt antal timmar** |  |  | **Måltidsavdrag**  | **Antal \_**  | **Á-pris \_** | **Totalt \_** |

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 **Förskjuten arbetstid Övrigt**

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| Datum | Ny arbetstid | Datum | Ord. arbetstid | Varseldag (tillsagd) |
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| \_Datum | Underskrift medarbetare |  |
| \_Datum | Underskrift ansvarig chef | \_Namnförtydligande ansvarig chef | Signatur/Datum Lön, Soltak AB  |

**Information**

**Skriv tydligt. Är blanketten inte läsbar eller fullständigt ifylld skickas den tillbaka till ansvarig chef vilket kan medföra att utbetalning**

**inte sker i tid.**

Medarbetaren fyller i blanketten och lämnar till ansvarig chef för godkännande.

Chef skickar undertecknad blankett per post till Soltak AB Lön för handläggning.