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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**  **\_** | **Måltids**  **avdrag\*** | **Kodsträng**  Ansvar Proj Verks Aktiv. Obj/Fd | | | | | |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
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| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
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| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
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| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
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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.