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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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.