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| År  \_ | Månad  \_ | Anställningsform  Vikariat. för \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AVA | Befattning  \_ | Sektor/Förvaltning/Enhet  \_ |

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| 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 | | **Övertid**  Fr om T o m | | **Kodsträng**  Kost.ställe Aktivitet Fri del Projekt | | | |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Totalt antal timmar** | | |  |  | |  | |  | | | |

**Måltidsavdrag Övrigt**

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| Antal  \_ | Á-pris  \_ | Summa  \_ |

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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.