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





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| Timrapporten avser kommun/bolag  **­­\_\_** |

|  |  |
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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**  Ansvar Proj Verks Aktivit Obj/Fd | | | | |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Totalt antal timmar** | | |  |  | |  | |  | | | | |

**Måltidsavdrag Övrigt**

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

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| **\_**  **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 mailar undertecknad blankett per post till Soltak AB Lön för handläggning. |

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| **\_**  Datum | Underskrift medarbetare |  | |
| **\_**  Datum | Underskrift ansvarig chef | **\_**  Namnförtydligande ansvarig chef | Signatur/Datum  Lön, Soltak AB |