

# CRAFTERS & MORE

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|                                 |     |                    |     |                  |                |                                                 |        |          |        |                    |
|---------------------------------|-----|--------------------|-----|------------------|----------------|-------------------------------------------------|--------|----------|--------|--------------------|
| <b>Beschäftigterbetrieb:</b>    |     |                    |     |                  |                |                                                 |        |          |        |                    |
| <b>Name Mitarbeiter:</b>        |     |                    |     |                  |                |                                                 |        |          |        |                    |
| <b>Monat:</b>                   |     |                    |     |                  |                | <b>Abwesenheit<br/>(Zutreffendes ankreuzen)</b> |        |          |        | <b>Bemerkungen</b> |
| <b>Kalender</b>                 |     | <b>Arbeitszeit</b> |     |                  |                |                                                 |        |          |        |                    |
| Datum                           | Tag | Von                | Bis | Pause in Minuten | Gesamt Stunden | Krank                                           | Urlaub | Feiertag | Sonst. | Baustelle          |
| 1                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 2                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 3                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 4                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 5                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 6                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 7                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 8                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 9                               |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 10                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 11                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 12                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 13                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 14                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 15                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 16                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 17                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 18                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 19                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 20                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 21                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 22                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 23                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 24                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 25                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 26                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 27                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 28                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 29                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 30                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| 31                              |     |                    |     |                  |                |                                                 |        |          |        |                    |
| Gesamt                          |     |                    |     |                  |                |                                                 |        |          |        |                    |
|                                 |     |                    |     |                  |                |                                                 |        |          |        |                    |
| Datum, Unterschrift Mitarbeiter |     |                    |     |                  |                | Datum, Stempel, Unterschrift des Kunden         |        |          |        |                    |