

**Arbeitszeitdokumentation nach § 17 Mindestlohngesetz**

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| **Name des Mitarbeiter/in:** |  |  | Vertragliche Arbeitszeit / Monat |
| Einrichtung: |  | Stunden |

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| **Pers.-Nr.:** |  |  | **Monat/Jahr**: |  |

Dieser Bogen ist nach Ablauf des Kalendermonats der Leiterin / dem Leiter der Beschäftigungseinrichtung zuzuleiten

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| **Kalen-**  **dertag** | **Beginn**  (Uhrzeit) | **Pause**  (Dauer) | **Ende**  (Uhrzeit) | **Dauer**  (Summe) |  | **Datum / Unterschrift**  **Mitarbeiter/in** |
| **Bemerkungen** |
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**Summe:**

Für die Richtigkeit:

(Einrichtungsleiter/-in)