**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)