**Stundenrapport für geleistete persönliche Assistenz
für die Lohnabrechnung**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assistent\*in |  | **Stundenrapport für den Monat** |  | Arbeitgeber\*in |
| ………………………… |  | ………………………/ ………… |  | …………………… |

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| --- | --- | --- | --- | --- | --- | --- |
| Datum | Zeit 1von bis Uhr | Zeit 1Stunden | Zeit 2von bis Uhr | Zeit 2Stunden | **Stunden pro Tag** | **Nachtdienst(Einsatzzeit)** |
| 01. |       |       |       |       |       |       |
| 02. |       |       |       |       |       |       |
| 03 |       |       |       |       |       |       |
| 04. |       |       |       |       |       |       |
| 05. |       |       |       |       |       |       |
| 06. |       |       |       |       |       |       |
| 07. |       |       |       |       |       |       |
| 08. |       |       |       |       |       |       |
| 09. |       |       |       |       |       |       |
| 10. |       |       |       |       |       |       |
| 11. |       |       |       |       |       |       |
| 12. |       |       |       |       |       |       |
| 13. |       |       |       |       |       |       |
| 14. |       |       |       |       |       |       |
| 15. |       |       |       |       |       |       |
| 16. |       |       |       |       |       |       |
| 17. |       |       |       |       |       |       |
| 18. |       |       |       |       |       |       |
| 19. |       |       |       |       |       |       |
| 20. |       |       |       |       |       |       |
| 21. |       |       |       |       |       |       |
| 22. |       |       |       |       |       |       |
| 23. |       |       |       |       |       |       |
| 24. |       |       |       |       |       |       |
| 25. |       |       |       |       |       |       |
| 26. |       |       |       |       |       |       |
| 27. |       |       |       |       |       |       |
| 28. |       |       |       |       |       |       |
| 29. |       |       |       |       |       |       |
| 30. |       |       |       |       |       |       |
| 31. |       |       |       |       |       |       |
| Stunden pro Monat |       |       |
| Ferienguthaben |       | bezogene Ferien |       |  |  |

Ort, Datum:  Unterschrift Assistent\*in: