**Rapporto operativo per l'assistenza personale prevista per la busta paga**

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| Assistente |  | **Rapporto orario per il mese** |  | Datore di lavoro |
| ………………………… |  | ………………………/ ………… |  | …………………… |

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| Data | Orario 1dalle alle | Orario 1ore | Orario 2dalle alle | Orario 2ore | **Ore al giorno** | **Turno notturno** (orario di lavoro) |
| 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. |       |       |       |       |       |       |
| Ore al mese |       |       |
| Credito vacanze |       | Vacanze già prese |       |  |  |  |

Luogo, data:  Firma assistente: