|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Zuwendungsempfänger: |  | | | | | |
| Vorhabenbezeichnung: |  | | | | | |
| Name der/des Beschäftigten: | |  | | | | |
| regelmäßige wöch. Arbeitszeit: | |  | h | davon i. R. des o. g. Vorhabens: |  | h |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KW:** | |  | **Jahr:** |  | |  | **KW:** | |  | **Jahr:** |  | |
|  | Tätigkeit | | | | h |  |  | Tätigkeit | | | | h |
| Mo |  | | | |  |  | Mo |  | | | |  |
| Di |  | | | |  |  | Di |  | | | |  |
| Mi |  | | | |  |  | Mi |  | | | |  |
| Do |  | | | |  |  | Do |  | | | |  |
| Fr |  | | | |  |  | Fr |  | | | |  |
| Sa |  | | | |  |  | Sa |  | | | |  |
| So |  | | | |  |  | So |  | | | |  |
|  | **Summe** | | | |  |  |  | **Summe** | | | |  |
|  |  | | | |  |  |  |  | | | |  |
| **KW:** | |  | **Jahr:** |  | |  | **KW:** | |  | **Jahr:** |  | |
|  | Tätigkeit | | | | h |  |  | Tätigkeit | | | | h |
| Mo |  | | | |  |  | Mo |  | | | |  |
| Di |  | | | |  |  | Di |  | | | |  |
| Mi |  | | | |  |  | Mi |  | | | |  |
| Do |  | | | |  |  | Do |  | | | |  |
| Fr |  | | | |  |  | Fr |  | | | |  |
| Sa |  | | | |  |  | Sa |  | | | |  |
| So |  | | | |  |  | So |  | | | |  |
|  | **Summe** | | | |  |  |  | **Summe** | | | |  |

|  |  |
| --- | --- |
| Unterschriften Beschäftigte/r und Arbeitgeber: |  |