

# **Badische Landesbibliothek Karlsruhe**

## **Digitale Sammlung der Badischen Landesbibliothek Karlsruhe**

Tabellen: Vermerk der Arbeitsstunden für die Lohnliste

[urn:nbn:de:bsz:31-342887](https://nbn-resolving.org/urn:nbn:de:bsz:31-342887)

## Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                  |                                     | Arbeits-  |   |   |   |   |   |  |
|-------|------------------|-------|------------------|-------------------------------------|-----------|---|---|---|---|---|--|
|       | Wohnort<br>Namen | Alter | Famili-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |   |   |   |   |   |  |
|       |                  |       |                  |                                     | Wochentag |   |   |   |   |   |  |
|       |                  |       |                  |                                     | M         | D | M | D | F | S |  |
| 1     | 2                | 3     | 4                | 5                                   | 6         |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |
|       |                  |       |                  |                                     |           |   |   |   |   |   |  |

für die Lohnliste.

| Arbeitsstunden |   |   |   |   | Arbeitsstunden      |   |   |   |   |   |   |   |   |   |   |   |   |   | Zahl der Tage |   |   |   |   |               |                                   |  |   |  |
|----------------|---|---|---|---|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|---|---|---|---|---------------|-----------------------------------|--|---|--|
| Monat:         |   |   |   |   | Monat:              |   |   |   |   |   |   |   |   |   |   |   |   |   | Zahl der Tage |   |   |   |   |               |                                   |  |   |  |
| und Datum      |   |   |   |   | Wochentag und Datum |   |   |   |   |   |   |   |   |   |   |   |   |   | Zahl der Tage |   |   |   |   |               |                                   |  |   |  |
| M              | D | M | D | F | S                   | M | D | M | D | F | S | M | D | M | D | F | S | M | D             | M | D | F | S | Zahl der Tage | Zahl der Arbeitsstunden im ganzen |  |   |  |
| 7              |   |   |   |   | 8                   |   |   |   |   | 9 |   |   |   |   | 6 |   |   |   |               | 7 |   |   |   |               | 8                                 |  | 9 |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |
|                |   |   |   |   |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |               |                                   |  |   |  |



## Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     |           | Arbeits- |   |   |   |   |  |  |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|----------|---|---|---|---|--|--|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>verdächtige<br>Kinder | Monat:    |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     | Wochentag |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     | M         | D        | M | D | F | S |  |  |
| 1     | 2                | 3     | 4                  | 5                                   | 6         |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |

für die Lohnliste.

| Arbeitsstunden      |   |   |   |   | Arbeitsstunden      |   |   |   |   |   |   |
|---------------------|---|---|---|---|---------------------|---|---|---|---|---|---|
| Monat:              |   |   |   |   | Monat: 7            |   |   |   |   |   |   |
| Wochentag und Datum |   |   |   |   | Wochentag und Datum |   |   |   |   |   |   |
| M                   | D | M | D | F | S                   | M | D | M | D | F | S |
| 7                   | 8 | 9 | 6 |   | 7                   |   | 8 | 9 |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |
|                     |   |   |   |   |                     |   |   |   |   |   |   |

### Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     | Arbeits-  |   |   |   |   |   |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|---|---|---|---|---|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |   |   |   |   |   |
|       |                  |       |                    |                                     | Wochentag |   |   |   |   |   |
|       |                  |       |                    |                                     | M         | D | M | D | F | S |
| 1     | 2                | 3     | 4                  | 5                                   | 6         |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |

für die  
stunden  
und Datum  
M D M D F S

# für die Lohnliste.

| Arbeitsstunden<br>und Datum | Zahl der Tage<br>8 | Zahl der Arbeitsstunden im ganzen<br>9 | Arbeitsstunden      |   |   |   |   |   |   |   |   |   |   |   |   |   | Zahl der Tage<br>8 | Zahl der Arbeitsstunden im ganzen<br>9 |   |   |   |   |   |  |  |  |  |
|-----------------------------|--------------------|--|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|--|---|---|---|---|---|--|--|--|--|
|                             |                    |  | Monat:              |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  | Wochentag und Datum |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
| M                           | D                  | M                                      | D                   | F | S | M | D | M | D | F | S | M | D | M | D | F | S                  | M                                      | D | M | D | F | S |  |  |  |  |
| 7                           |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |
|                             |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |   |   |   |   |  |  |  |  |

## Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     | Arbeits-  |   |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|---|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |   |
|       |                  |       |                    |                                     | Wochentag |   |
|       |                  |       |                    |                                     | M         | D |
| 1     | 2                | 3     | 4                  | 5                                   | 6         |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |
|       |                  |       |                    |                                     |           |   |

für die  
stunden

und Datum

W | D | M | D | F | S

7





## Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     | Arbeits-  |   |   |   |   |   |  |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|---|---|---|---|---|--|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |   |   |   |   |   |  |
|       |                  |       |                    |                                     | Wochentag |   |   |   |   |   |  |
|       |                  |       |                    |                                     | M         | D | M | D | F | S |  |
| 1     | 2                | 3     | 4                  | 5                                   | 6         |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |



## Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     |    | Arbeits-  |   |   |   |   |   |
|-------|------------------|-------|--------------------|-------------------------------------|----|-----------|---|---|---|---|---|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | O. | Monat:    |   |   |   |   |   |
|       |                  |       |                    |                                     |    | Wochentag |   |   |   |   |   |
|       |                  |       |                    |                                     |    | M         | D | M | D | F | S |
| 1     | 2                | 3     | 4                  | 5                                   | 6  |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |
|       |                  |       |                    |                                     |    |           |   |   |   |   |   |

## für die Lohnliste.

| Arbeitsstunden |                       |  |  |  | Arbeitsstunden |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|----------------|-----------------------|--|--|--|----------------|-----------------------------------|-----------------------|--|--|-----------------------|--|--|--|---------------|-----------------------------------|--|--|--|--|--|--|
| Monat:         | und Datum             |  |  |  | Zahl der Tage  | Zahl der Arbeitsstunden im ganzen | Arbeitsstunden        |  |  |                       |  |  |  | Zahl der Tage | Zahl der Arbeitsstunden im ganzen |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   | Monat:                |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
| Wochen-        | M   D   M   D   F   S |  |  |  | 8              | 9                                 | Wochentag und Datum   |  |  |                       |  |  |  | 8             | 9                                 |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   | M   D   M   D   F   S |  |  | M   D   M   D   F   S |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   | 6                     |  |  | 7                     |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |
|                |                       |  |  |  |                |                                   |                       |  |  |                       |  |  |  |               |                                   |  |  |  |  |  |  |

### Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     | Arbeits-  |   |   |   |   |   |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|---|---|---|---|---|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |   |   |   |   |   |
|       |                  |       |                    |                                     | Wochentag |   |   |   |   |   |
| 1     | 2                | 3     | 4                  | 5                                   | M         | D | M | D | F | S |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |
|       |                  |       |                    |                                     |           |   |   |   |   |   |



**für die Lohnliste.**

| Arbeitsstunden |   | Zahl der Tage | Zahl der Arbeitsstunden im ganzen | Arbeitsstunden      |   |   |   |   |   |                     |   |   |   |   |   | Zahl der Tage  | Zahl der Arbeitsstunden im ganzen |                |   |
|----------------|---|---------------|-----------------------------------|---------------------|---|---|---|---|---|---------------------|---|---|---|---|---|----------------|-----------------------------------|----------------|---|
| Arbeitsstunden |   |               |                                   | Monat:              |   |   |   |   |   | Wochentag und Datum |   |   |   |   |   |                |                                   | Arbeitsstunden |   |
| Arbeitsstunden |   |               |                                   | Monat:              |   |   |   |   |   |                     |   |   |   |   |   |                |                                   | Arbeitsstunden |   |
| Arbeitsstunden |   | und Datum     |                                   | Wochentag und Datum |   |   |   |   |   |                     |   |   |   |   |   | Arbeitsstunden |                                   |                |   |
| M              | D | M             | D                                 | F                   | S | M | D | M | D | F                   | S | M | D | M | D | F              | S                                 | M              | D |
| 7              |   | 8             |                                   | 9                   |   | 6 |   | 7 |   |                     |   | 8 |   | 9 |   |                |                                   | 8              | 9 |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |
|                |   |               |                                   |                     |   |   |   |   |   |                     |   |   |   |   |   |                |                                   |                |   |

**Vermerk der Arbeitsstunden**

| O.-Z. | Der Arbeiter     |       |                    |                                     |   | Arbeits-  |   |   |   |   |   |  |  |  |
|-------|------------------|-------|--------------------|-------------------------------------|---|-----------|---|---|---|---|---|--|--|--|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder |   | Monat:    |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   | Wochentag |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   | M         | D | M | D | F | S |  |  |  |
| 1     | 2                | 3     | 4                  | 5                                   | 6 |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |   |           |   |   |   |   |   |  |  |  |

für die L...  
stunden  
und Datum  
M D M D F S



## für die Lohnliste.

| Arbeitsstunden |   |   |   |   | Arbeitsstunden      |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|---|---|---|---|---------------------|---------------|--|--|--|--|---|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                |   |   |   |   | Monat:              |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| und Datum      |   |   |   |   | Wochentag und Datum |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M              | D | M | D | F | S                   | Zahl der Tage |  |  |  |  |   | Zahl der Arbeitsstunden im ganzen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7              |   |   |   |   | 8                   |               |  |  |  |  | 9 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                |   |   |   |   |                     |               |  |  |  |  |   |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     |           | Arbeits- |   |   |   |   |  |  |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|----------|---|---|---|---|--|--|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     | Wochentag |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     | M         | D        | M | D | F | S |  |  |
| 1     | 2                | 3     | 4                  | 5                                   | 6         |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |  |

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## Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     | Arbeits-  |   |   |   |   |   |  |  |  |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|---|---|---|---|---|--|--|--|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     | Wochentag |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     | M         | D | M | D | F | S |  |  |  |
| 1     | 2                | 3     | 4                  | 5                                   | 6         |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |  |  |

für die L

stunden

und Datum

(M D M D F S)

## für die Lohnliste.

| Arbeitsstunden |   |           |   |                     | Arbeitsstunden |                                   |   |                     |   | Zahl der Tage | Zahl der Arbeitsstunden im ganzen |               |                                   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|-----------|---|---------------------|----------------|-----------------------------------|---|---------------------|---|---------------|-----------------------------------|---------------|-----------------------------------|---|---|---|---|---|---|---|---|---|---|
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   | Zahl der Tage | Zahl der Arbeitsstunden im ganzen |   |   |   |   |   |   |   |   |   |   |
| Monat:         |   | Monat:    |   | Zahl der Tage       |                | Zahl der Arbeitsstunden im ganzen |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
| und Datum      |   | und Datum |   | Wochentag und Datum |                | Wochentag und Datum               |   | Wochentag und Datum |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
| M              | D | M         | D | F                   | S              | M                                 | D | M                   | D | F             | S                                 | M             | D                                 | M | D | F | S | M | D | M | D | F | S |
| 7              |   | 8         |   | 9                   |                | 6                                 |   | 7                   |   | 8             |                                   | 9             |                                   | 8 |   | 9 |   | 8 |   | 9 |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |
|                |   |           |   |                     |                |                                   |   |                     |   |               |                                   |               |                                   |   |   |   |   |   |   |   |   |   |   |

### Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     |           | Arbeits- |   |   |   |   |  |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|----------|---|---|---|---|--|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |          |   |   |   |   |  |
|       |                  |       |                    |                                     | Wochentag |          |   |   |   |   |  |
|       |                  |       |                    |                                     | M         | D        | M | D | F | S |  |
| 1     | 2                | 3     | 4                  | 5                                   | 6         |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |
|       |                  |       |                    |                                     |           |          |   |   |   |   |  |

## für die Lohnliste.

| Arbeitsstunden |   |   |   |   | Arbeitsstunden |                                   |                     |  |  |  |             |  |  |  |  |               |                                   |
|----------------|---|---|---|---|----------------|-----------------------------------|---------------------|--|--|--|-------------|--|--|--|--|---------------|-----------------------------------|
| stunden        |   |   |   |   | Zahl der Tage  | Zahl der Arbeitsstunden im ganzen | Arbeitsstunden      |  |  |  |             |  |  |  |  |               |                                   |
| und Datum      |   |   |   |   |                |                                   | Monat:              |  |  |  |             |  |  |  |  |               |                                   |
| M D M D F S    |   |   |   |   |                |                                   | Wochentag und Datum |  |  |  |             |  |  |  |  |               |                                   |
| M              | D | M | D | F | S              | M D M D F S                       |                     |  |  |  | M D M D F S |  |  |  |  | Zahl der Tage | Zahl der Arbeitsstunden im ganzen |
| 7              |   |   |   |   |                | 6                                 |                     |  |  |  | 7           |  |  |  |  | 8             | 9                                 |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     | Arbeits-  |   |   |   |   |   |  |
|-------|------------------|-------|--------------------|-------------------------------------|-----------|---|---|---|---|---|--|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:    |   |   |   |   |   |  |
|       |                  |       |                    |                                     | Wochentag |   |   |   |   |   |  |
|       |                  |       |                    |                                     | M         | D | M | D | F | S |  |
| 1     | 2                | 3     | 4                  | 5                                   | 6         |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |
|       |                  |       |                    |                                     |           |   |   |   |   |   |  |





## Vermerk der Arbeitsstunden

| O.-Z. | Der Arbeiter     |       |                    |                                     | Arbeits- |   |
|-------|------------------|-------|--------------------|-------------------------------------|----------|---|
|       | Wohnort<br>Namen | Alter | Familien-<br>stand | Zuschlags-<br>berechtigte<br>Kinder | Monat:   |   |
|       |                  |       |                    |                                     | Wodentag |   |
|       |                  |       |                    |                                     | M        | D |
| 1     | 2                | 3     | 4                  | 5                                   | 6        |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |
|       |                  |       |                    |                                     |          |   |

für die Lohnliste.

| Arbeitsstunden |               |                                   | Arbeitsstunden      |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---------------|-----------------------------------|---------------------|---|---|---|---|---|---|---|---|---|---|---|
| Arbeitsstunden | Zahl der Tage | Zahl der Arbeitsstunden im ganzen | Monat:              |   |   |   |   |   |   |   |   |   |   |   |
|                |               |                                   | Wochentag und Datum |   |   |   |   |   |   |   |   |   |   |   |
|                |               |                                   | M                   | D | M | D | F | S | M | D | M | D | F | S |
| und Datum      |               |                                   | 6                   |   | 7 |   | 8 | 9 |   |   |   |   |   |   |
|                | 7             | 8                                 | 9                   |   |   |   |   |   |   |   |   |   |   |   |



# für die Lohnliste.

| Arbeitsstunden<br>a<br>und Datum | Zahl der Tage<br>8 | Zahl der Arbeitsstunden im ganzen<br>9 | Arbeitsstunden      |   |   |   |   |   |   |   |   |   |   |   |   |   | Zahl der Tage<br>8 | Zahl der Arbeitsstunden im ganzen<br>9 |   |
|----------------------------------|--------------------|--|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|--|---|
|                                  |                    |  | Monat:              |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  | Wochentag und Datum |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
| M                                | D                  | M                                      | D                   | F | S | M | D | M | D | F | S | M | D | M | D | F | S                  | 8                                      | 9 |
| 7                                |                    |  |                     |   | 6 |   |   |   |   | 7 |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |
|                                  |                    |  |                     |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |   |