

Monatsstundennachweis für September 2026

1. September - 30. September 2026

Name, Vorname (Arbeitnehmer)

Personalnummer

Firmenstempel

| Datum | Tag | Arbeitszeit | | Pause | Arbeitsstunden | | Urlaub | Feiertag | Krank |
|--|-----|-------------|-----|-------|----------------|--------|-------------|----------|-------|
| | | von | bis | | Dauer | Normal | | | |
| 1. | Di | | | | | | Bemerkungen | | |
| 2. | Mi | | | | | | | | |
| 3. | Do | | | | | | | | |
| 4. | Fr | | | | | | | | |
| 5. | Sa | | | | | | | | |
| 6. | So | | | | | | | | |
| 7. | Mo | | | | | | | | |
| 8. | Di | | | | | | | | |
| 9. | Mi | | | | | | | | |
| 10. | Do | | | | | | | | |
| 11. | Fr | | | | | | | | |
| 12. | Sa | | | | | | | | |
| 13. | So | | | | | | | | |
| 14. | Mo | | | | | | | | |
| 15. | Di | | | | | | | | |
| 16. | Mi | | | | | | | | |
| 17. | Do | | | | | | | | |
| 18. | Fr | | | | | | | | |
| 19. | Sa | | | | | | | | |
| 20. | So | | | | | | | | |
| 21. | Mo | | | | | | | | |
| 22. | Di | | | | | | | | |
| 23. | Mi | | | | | | | | |
| 24. | Do | | | | | | | | |
| 25. | Fr | | | | | | | | |
| 26. | Sa | | | | | | | | |
| 27. | So | | | | | | | | |
| 28. | Mo | | | | | | | | |
| 29. | Di | | | | | | | | |
| 30. | Mi | | | | | | | | |
| | | | | | | | | | |
| Die Richtigkeit der Eintragung bestätige ich | | | | | | | | | |
| Datum, Unterschrift Arbeitnehmer | | | | | | | | | |