

Arbeitslosenversicherung

Abrechnungsperiode

Firma

**Rapport über die wetterbedingten Ausfallstunden
pro Arbeitsstelle**

Arbeitsstelle (Baustelle)
Nr.

AHV-Nummer

Name und Vorname

Unterschrift

Ausfall-
std. total

leer
lassen

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Massgebende Arbeitszeit in der Abrechnungsperiode

vom _____ bis _____

Std./Tag

vom _____ bis _____

Std./Tag

Vertragliche wöchentliche Arbeitszeit

_____ Std.

Nur angeben, wenn diese von der massgebenen Arbeitszeit abweicht.

aufgeteilt in:

Vormittag

Std.

aufgeteilt in:

Vormittag

Std.

Nachmittag

Std.

Nachmittag

Std.



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leer
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