



Total-Henkilöstöpalvelut

Employer: _____
 Employee: _____
 The place of work: _____
 Reference: _____

Week number: _____

	date	from	end	lunch time	hours total	50 %	100 %	week 50 %	week 100 %	sunday	evening allowance	night work	mileage	tool allowance	meal allowance	worksite
MON																
TUE																
WED																
THU																
FRI																
SAT																
SUN																

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MON																
TUE																
WED																
THU																
FRI																
SAT																
SUN																

HOURS TOTAL: _____

WORK CONTINUES: YES NO

ACKNOWLEDGMENT: _____

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