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

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| Mo |       |       |  | Mo |       |       |
| Di |       |       |  | Di |       |       |
| Mi |       |       |  | Mi |       |       |
| Do |       |       |  | Do |       |       |
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| **KW:** |       | **Jahr:** |       |  | **KW:** |       | **Jahr:** |       |
|  | Tätigkeit | h |  |  | Tätigkeit | h |
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| Unterschriften Beschäftigte/r und Arbeitgeber: |  |