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| **Objekt:** | **Firma:** |
| **KSt. | Objektnr.:**  | | **Zeitraum:** – |
| **Objektleiter:** |

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| --- | --- | --- |
| **Summe Kontrollvorgaben:** h | **Summe Soll-Zeit:** h | **Summe Ist-Zeit:** h |

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| --- | --- | --- | --- | --- | --- |
| Datum | Mitarbeiter | Dauer/Uhrzeit | Pause | Pauschal | Kommentare |
| **,** | **,** | **h** |  |  |  |
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