### Tätigkeitsnachweis

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| ARGE-Nr.: | | | |  | | | | Maßnahme: | | | | | | |
| Freigestellter: | | | |  | | | | | | | | | | |
| Landkreis/Stadt/Gemeinde: | | | |  | | | | | | | | | | |
| Adresse des Standortes: | | | |  | | | | | | | | | | |
| Maßnahme: | | | |  | | | | | | | | | | |
| Name: |  | | |  | Kalenderwoche: |  | |  | Monat: |  |  | Jahr: |  | |
| Mitarbeitergruppe: | | PL | PB |  TA |

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| --- | --- | --- | --- |
| Datum | Std. | Tätigkeit | Einsatzort |
| MO |  |  |  |
| DI |  |  |  |
| MI |  |  |  |
| DO |  |  |  |
| FR |  |  |  |
| SA |  |  |  |
| SO |  |  |  |
|  |  |  |  |