



Stundennachweis – externe Einsätze

Einsatzort: _____

Juni 2026

Name Auszubildende(-r): _____

Arbeitgeber der/ des Azubi: _____

Kurs: _____

| | | Arbeitszeitdauer | | Pause in Min. | reine Arbeitszeit | | frei | krank | Schultag | Urlaub |
|-----|----|------------------|--------|------------------|----------------------|------|------|-------|----------|--------|
| | | von... | bis... | | Std. | Min. | | | | |
| 1. | Mo | | | | | | | | | |
| 2. | Di | | | | | | | | | |
| 3. | Mi | | | | | | | | | |
| 4. | Do | | | | | | | | | |
| 5. | Fr | | | | | | | | | |
| 6. | Sa | | | | | | | | | |
| 7. | So | | | | | | | | | |
| 8. | Mo | | | | | | | | | |
| 9. | Di | | | | | | | | | |
| 10. | Mi | | | | | | | | | |
| 11. | Do | | | | | | | | | |
| 12. | Fr | | | | | | | | | |
| 13. | Sa | | | | | | | | | |
| 14. | So | | | | | | | | | |
| 15. | Mo | | | | | | | | | |
| 16. | Di | | | | | | | | | |
| 17. | Mi | | | | | | | | | |
| 18. | Do | | | | | | | | | |
| 19. | Fr | | | | | | | | | |
| 20. | Sa | | | | | | | | | |
| 21. | So | | | | | | | | | |
| 22. | Mo | | | | | | | | | |
| 23. | Di | | | | | | | | | |
| 24. | Mi | | | | | | | | | |
| 25. | Do | | | | | | | | | |
| 26. | Fr | | | | | | | | | |
| 27. | Sa | | | | | | | | | |
| 28. | Mo | | | | | | | | | |
| 29. | Di | | | | | | | | | |
| 30. | Mi | | | | | | | | | |

Unterschrift Auszubildende:r _____

Unterschrift Praxisanleiter:in oder
 Dienstplanverantwortliche:r _____