



Attendance sheet

Employee's name:

Tax Number:

8	4	6	7	5	1	4	7	9	5
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Employer's name and address: Shah Ali Gardezi

Contact person: Helga Palfi Tel.: / +36 70 513 0667

Tel.: /

	Start				Finish				Commulated working time	Employee's signature	Confirmed by the employer
	Month	Day	Hour	Minute	Month	Day	Hour	Minute			
1	MAR	1	0800			1	1630		8	<i>[Signature]</i>	
2		2				2					
3	MAR	3	0800			3	1200		4	<i>[Signature]</i>	
4	MAR	4	0800			4	1630		8	<i>[Signature]</i>	
5		5				5					
6		6				6					
7	MAR	7	0800			7	1200		4	<i>[Signature]</i>	
8	MAR	8	0800			8	1630		8	<i>[Signature]</i>	
9		9				9					
10	MAR	10	0800			10	1200		4	<i>[Signature]</i>	
11	MAR	11	0800			11	1630		8	<i>[Signature]</i>	
12		12				12					
13		13				13					
14	MAR	14				14					
15	MAR	15				15					
16		16				16					
17	MAR	17	0800			17	1200		4	<i>[Signature]</i>	
18	MAR	18	0800			18	1630		8	<i>[Signature]</i>	
19		19				19					
20		20				20					
21	MAR	21	0800			21	1200		4	<i>[Signature]</i>	
22	MAR	22	0800			22	1630		8	<i>[Signature]</i>	
23		23				23					
24	MAR	24	0800			24	1200		4	<i>[Signature]</i>	
25	MAR	25	0800			25	1630		8	<i>[Signature]</i>	
26		26				26					
27		27				27					
28	MAR	28	0800			28	1200		4	<i>[Signature]</i>	
29	MAR	29	0800			29	1730		9	<i>[Signature]</i>	
30	MAR	30	0900			30	1300		4	<i>[Signature]</i>	
31		31				31					

Confirm the attendance: Total working hours: 97 hours

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Fax.: 877-0936
www.minddiak.hu

Conditions of payment:

- *The attendance sheet must be sent on the first working day of the month following the reference month*
- *We can only accept full completed, signed and readable attendance sheets*
- *Compliance with the Entry Statement*