**Stundennachweis für zusätzliche FLS**

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| Junger Mensch: |       | ASD: |       |
|  | Name, Vorname |  |  |
| Angebot: |       | Fachkraft ASD: |       |
|  |  |  | Name |
| Entwicklungsziel: |       |  |  |
|  |  |  |  |
| vereinbarte FLS: |       | FLS pro Woche/Monat |  |  |
|  | bitte nicht zutreffendes streichen |  |  |
| ausführende Fachkraft: |       |  |  |
|  | Name |  |  |
| Befristung: |       |  |  |
|  | von/bis |  |  |

**Abgerechnete Stunden im Abrechnungsmonat:**

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| **Datum**(Bsp.: 01.01.10) | **Uhrzeit** (00:00)(auf 15‘ genau) | **Fach-leistungs-stunden** | **Angabe zur inhaltlichen Arbeit**(in Form von Wortgruppen oder kurzen Sätzen) | **Name****der****Fachkraft** | **Signum** **der** **Fachkraft** | **Signum junger Mensch** |
| **von** | **bis** |
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| **Gesamtstunden:** |       |  |  |  |  |

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| Datum/Unterschrift Leistungserbringer |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| (wird vom Jugendamt ausgefüllt:) |  |  |  |  |  |  |  |
| **sachlich richtig:** |  | Weitergabe an WiHi: |  |  | **rechnerisch richtig:** |  | Buchung im Prosoz: |
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| Datum/Unterschrift/ASD |  |  |  |  | Datum/Unterschrift/WiHi |  |  |