

Clear form

**To be filled in by the employer, not submitted to payroll**

Employer
Assistant
Shifts for ____-____-____ - ____-____-____
Working hours according to the employment contract _____ hours/week or month

Day of the week	Date dd/mm/yyyy	Shift starts (xx.xx)	Shift ends (xx.xx)	Working hours (hours)	Remarks (e.g. employee sick)

Hours in total	
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Employer's signature	Personal assistant's signature
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The work shift list is prepared in advance and communicated to the assistant no later than one week before the start of the work shift list period.