# FEUILLE D’HEURES

Relevé mensuel du temps de travail

Salarié : _____

Service / poste : _____

Mois et année : _____

Horaire contractuel hebdomadaire : _____

| Jour | Date | Arrivée | Départ | Pause | Total | Observations |
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| Total du mois | Heures contractuelles | Heures supplémentaires / complémentair... | Absences |
|---|---|---|---|
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Signature du salarié

Signature de l’employeur