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| **Name Schüler/in:** |  | |  | |
| **Name Assistent/in:** |  | |  | |
| **Abrechnungsmonat:** |  | |  | |
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| **Datum** | **Anzahl Stunden** | | **Unterschrift Assistent/in** | |
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Datum Schulstempel Unterschrift Schulleiter/in oder Administrator/in