RAGIONE SOCIALE

INDIRIZZO	STABILIMENTO	CODICE FISCALE	CODICE PREVIDENZIALE
INDIRIZZO	LAVORO	CODICE ASSICURATIVO	VOCI DI RISCHIO
		recapiti	mail

INAIL

MARCATURA NUMERICA

CONTRATTO APPLICATO / livello	**MESE ELABORAZIONE**
MANSIONI	DATA ASSUNZIONE
QUALIFICA / DATA QUALIFICA	DATA CESSAZIONE

DATA : ora PROSPETTO
Eventuali AUT.
Stato Prosp. / Stato Norm.
Rif normativi

Identità professionista
mail professionista
recapito professionista

Elementi Paga

MIN. contr.	10000000	El. Distinto	1000000
Ind. Funzione	100	Scatti Anz.	100
Superm.	100		

TOTALE BBBBBBBBB

COGNOME / NOME LAVORATORE

CODICE FISCALE	DATA NASCITA	LUOGO NASCITA
STATO	COMUNE	PROVINCIA
INDIRIZZO		
MAIL		

Dati Mese	Voci	Descrizione		Ore / GG	Imp. Unit.	Competenza	Trattenute
ORE MESE	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
184	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
ORE TFR	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
184	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
ORE/GG DM	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
26	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
GG DETRAZ.	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
31							

Trattenute Previdenziali

AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA

Trattenute Fiscali

						AAAAAAAAAA	AAAAAAAAAA
AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA

Totali

AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	AAAAAAAAAA	AAAAAAAAAA
AAAAAAAAAA	AAAA	AAAAAAAAAAAAAAAAAAAA	A	AAAAAAA	AAAAAAAA	Netto a pagare	
						AAAAAAAAAA	

Calendario

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TT
OT	**8**	**8**	**8**	**8**	**8**		**DO**	**8**	**8**	**8**	**8**	**8**		**DO**	**8**	**8**	**8**	**8**	**8**		**DO**	**8**	**8**	**8**	**8**	**8**		**DO**	**8**	**8**	**8**	**184**
OL	8	8	8	8											8	8	8	8	8			8	8	8	8	8			8	8	8	144
FE					8			8	8	8	8	8									8											56
ST	2	2																														