**ANEXO VI**

**CONTROL DE ASISTENCIA DEL TRABAJADOR**

|  |  |
| --- | --- |
| **Ayuntamiento/Entidad**:  | **CIF**:  |
| **Trabajador/a**:  | **NIF**:  |
| **Periodo de trabajo** | **MES**:  | **AÑO**:  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Día** | **Mañana** | **Tarde** | **Total horas** |
| **Entrada** | **Salida** | **Entrada** | **Salida** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
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| 18 |  |  |  |  |  |
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| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |
|  |  |  | **Total horas mes** |  |

(firmado electrónicamente por el trabajador/a y por el responsable del ayuntamiento/entidad)