**ERSÄTTNING FÖRLORAD ARBETSINKOMST FÖRTROENDEVALD**

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| **ESLÖVS KOMMUN** | Förv | | Period fr o m | | | | | | Period t om | | | | | | | |
| År | | Månad | | Dag | | År | | | Månad | | Dag | | |
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| Namn | | | | | | | | | Personnummer | | | | | | | |
| Styrelse, nämnd etc | | Telefon Arbete | | | | | | | | | | | | | | |
| Telefon Bostad | | | | | | | | | | | | | | |
| Förrättningens art | | | | | | | | | År | | Månad | | Dag | | Förlorad arbets-komst timmar | |
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| Datum/Underskrift | | | | | | | | | Attest | | | | | | | |