**……………………………………............** SZKOŁA PODSTAWOWA NR 4

imię i nazwisko SKIERNIEWICE

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stanowisko

**WSPOMAGAJĄCY/ REWALIDACJA 80150**

stanowisko

**………………………………………..** ROZLICZENIE GODZIN PONADWYMIAROWYCH

obowiązkowy wymiar godzin

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stawka godziny ponadwymiarowej miesiąc/rok

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| Tygodniowe  rozliczenie  od - do | Godziny przepracowane | | | | | | | | | | | | | | | | | | | | | godziny  ponad-wymiar. | podpis |
| PON | | | WT | | | ŚR | | | CZ | | | PT | | | SB | | | łącznie | | |
| Plan zajęć | P | Z | N | P | Z | N | P | Z | N | P | Z | N | P | Z | N | P | Z | N | P | Z | N |  |  |
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| Razem |  | | | | | | | | | | | | | | | | | |  |  |  |  |  |

*Zatwierdzam do wypłaty*

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| Ilość | | Wartość | | Łącznie zł. |
| P | Z | P | Z |  |
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