

# AUSGLEICH VON ÜBERSTUNDEN

**Schuljahr …………….**

Mitarbeiter/in für Integration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Mittelschule: | | |  |  | | Wochenstunden: |  | | | | | |
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| Grundschule: | | |  |  | |  |  | | | | | |
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| **Geleistete Stunden:** | | | | | | | | |  | **Ausgleichsstunden:** | | | | |
| **Datum** | **Zeit** | **als Ersatz für** | | | **Grund** | | | **Anz. Std.** |  | **Datum** | **Zeit** | **Begründung** | | **Anz.**  **Std.** |
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| **Geleistete Stunden:** | | | | | | | | |  | **Ausgleichsstunden:** | | | | |
| **Datum** | **Zeit** | **als Ersatz für** | | | **Grund** | | | **Anz. Std.** |  | **Datum** | **Zeit** | **Begründung** | | **Anz.**  **Std.** |
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| **Insgesamt** |  | **von Direktorin genehmigt** |
| geleistete Stunden |  |  |
| ausgeglichene Stunden |  |  |

gesehen und genehmigt:

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Unterschrift Mitarbeiter/in für Integration

**Abgabetermin Ende jeden Monats**