**Rozliczenie godzin ponadwymiarowych**

Rok szkolny 2021/2022, Semestr I

***Imię i nazwisko nauczyciela: mgr inż. Dawid Kosior***

Tygodniowy wymiar zajęć: Pensum **18** Godziny nadliczbowe …………….Miesiąc **Wrzesień 2021r.**

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| **OKRES** | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| *Dni tygodnia* | | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* |
| Ilość godzin | Wg planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zrealizo z planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zastępstwa |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Godz. ponadwymiarowe w tyg.*** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Data i podpis nauczyciela: …….…………….…… Zatwierdzam: …………...………...… Razem godz. ponadwymiar. W m-cu:…………………

Tygodniowy wymiar zajęć: Pensum **18** Godziny nadliczbowe …………….Miesiąc **Październik 2021r.**

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| **OKRES** | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| *Dni tygodnia* | | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* |
| Ilość godzin | Wg planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zrealizo z planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zastępstwa |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Godz. ponadwymiarowe w tyg.*** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Data i podpis nauczyciela: …….…………….…… Zatwierdzam: …………...………...… Razem godz. ponadwymiar. W m-cu:…………………

Tygodniowy wymiar zajęć: Pensum **18** Godziny nadliczbowe …………….Miesiąc **Listopad 2021r.**

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| **OKRES** | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| *Dni tygodnia* | | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* |
| Ilość godzin | Wg planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zrealizo z planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zastępstwa |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Godz. ponadwymiarowe w tyg.*** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Data i podpis nauczyciela: …….…………….…… Zatwierdzam: …………...………...… Razem godz. ponadwymiar. W m-cu:…………………

Tygodniowy wymiar zajęć: Pensum **18** Godziny nadliczbowe …………….Miesiąc **Grudzień 2021r.**

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| **OKRES** | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| *Dni tygodnia* | | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* |
| Ilość godzin | Wg planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zrealizo z planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zastępstwa |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Godz. ponadwymiarowe w tyg.*** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Data i podpis nauczyciela: …….…………….…… Zatwierdzam: …………...………...… Razem godz. ponadwymiar. W m-cu:…………………

Tygodniowy wymiar zajęć: Pensum **18** Godziny nadliczbowe …………….Miesiąc **Styczeń 2021r.**

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| **OKRES** | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| *Dni tygodnia* | | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* | *P* | *W* | *Ś* | *C* | *P* | *S* |
| Ilość godzin | Wg planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zrealizo z planu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zastępstwa |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Godz. ponadwymiarowe w tyg.*** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Data i podpis nauczyciela: …….…………….…… Zatwierdzam: …………...………...… Razem godz. ponadwymiar. W m-cu:…………………

***Własnoręcznym podpisem potwierdzam prawdziwość rozliczonych godzin***

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| ***Lp.*** | ***Data*** | ***Klasa*** | ***Nauczyciel nieobecny*** | ***Uwagi*** |
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