**........................................................**  **Rozliczenie godzin pracy nauczyciela**

**imię i nazwisko**

**Zatrudniony na ………..godz., ………. koła, ……. zw i ……… godz. nauczania indywidualnego**

**etat przeliczeniowy……………………...**

**1/5 etatu przeliczeniowego = ....../ 5 = ...........**  **za miesiąc MARZEC w roku 2020**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tydzień rozliczeniowy | 2-5.03 | | | | | | 9-13.03 | | | | | | 16-20.03 | | | | | | 23-27.03 | | | | | | 30-31.03 | | | | | |
| Dzień tygodnia | **P** | **W** | **Ś** | **C** | **Pt** | **S** | **P** | **W** | **Ś** | **C** | **Pt** | **S** | **P** | **W** | **Ś** | **C** | **Pt** | **S** | **P** | **W** | **Ś** | **C** | **Pt** | **S** | **P** | **W** | **Ś** | **C** | **Pt** | **S** |
| L.godz wg planu  lekcji w kl |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.godz z łączenia etatu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nauczanie indywidualne |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Koła/zaj.rozwijające |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zajęcia wyrównawcze |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Płatne zastępstwa |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.godz niezrealizowanych |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| powód:C -L4, O- url opieka,B- url bezpłatny, OK.- url okoli. W- wizyta lek, S - szkolenie |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Godz. ponadwym.  w tygod. |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |

**godz.ponadwym.wg planu..........., koła……...., zaj.wyr. …………………n.indywidualne……......,**

**płatne zastępstwa ………………………..**   **Podpis na-la.........................**

**zatwierdzam …………………………….**