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| An | | | | | | | | | | | | | | | | |  | | *Beantragende Schule:* | | | | | | |
| Landesamt für Schule und Bildung – Standort | | | | | | | | | | | | | | | | |  | |  | | | | | | |
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| **Anforderung einer Vertretungslehrkraft zur Tätigkeit im Rahmen des Programms „Unterrichtsversorgung“** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.** | **Anforderung Schulleiter/-in** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hiermit beantrage ich den Einsatz einer Vertretungslehrkraft zur Absicherung des Unterrichts und Vermeidung von Ausfall für den Zeitraum: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| vom | |  | bis |  | | | | | | im Umfang von | | | | | |  | | | | | Unterrichtsstunden pro Woche. | | | | |
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| Einsatzschule bzw. Einsatzort bei Schulen mit Außenstellen: | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | |
| vorgesehener Einsatz/gesuchte Qualifikation: | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| *Grund für den Unterrichtsausfall:* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Die Zustimmung des Örtlichen Personalrates  liegt vor.  liegt nicht vor. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ort, Datum | | | | |  | | Unterschrift ÖPR | | | | | | | | | | | | | | | | | | |
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| Ort, Datum | | | | |  | | Unterschrift Schulleiter/-in | | | | | | | | | | | | | | | | | | |
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| **2.** | **ggf. Vorschlag der Schule zum Einsatz einer Vertretungslehrkraft sowie Einverständniserklärung** | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Für den unter 1. genannten Einsatz hat sich bereiterklärt: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vorname | | | | | | | | |  | | (Titel) Name | | | | | | | | | | | |  | Geburtsdatum |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abschluss der Vertretungslehrkraft: | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Mit dem von dem/der Schulleiter/-in beantragten Einsatz im Rahmen des Programms „Unterrichtsversorgung“ bin ich einverstanden. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ich war bereits im Zeitraum vom | | | | | | | |  | | | | bis | |  | | | | | |  | | | | | |
| vom | | | | | | | |  | | | | bis | |  | | | | | |  | | | | | |
| vom | | | | | | | |  | | | | bis | |  | | | | | |  | | | | | |
| im Rahmen des Programms „Unterrichtsversorgung“ tätig an: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | einer Grundschule | | | | | |  | | | einer Förderschule | | | | | | | | | | |  | einer Oberschule/  Oberschule+ | | | |
|  | einem Gymnasium | | | | | |  | | | einer Gemeinschaftsschule | | | | | | | | | | |  | einer Berufsbildenden Schule | | | |
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| Ort, Datum | | | | | |  | | | | | | | | | Unterschrift Vertretungslehrkraft | | | | | | | | | | |
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| **3.** | **Bedarfsprüfung Abteilung 2 – Referat**  **21**  **22**  **23**  **24 des LaSuB** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Es besteht Bedarf an der o. a. Schule für den u. g. Zeitraum. Ein Ersatz ist anders nicht möglich. | | | | | | | | | | | | | | | | | | | | | | | | | |
| vom | |  | bis |  | | | | | | im Umfang von | | | | | |  | | | | | Unterrichtsstunden pro Woche | | | | |
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| *Grund für den Unterrichtsausfall:* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name, Funktion | | | | | | | | | | | |  | | | Datum, Unterschrift | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **4.** | **Bearbeitung Referat 25 des LaSuB** | | | | | | | | | | | | | | | | | | | | | | | | |