Dienststelle:

G.Zl.:

**Abgeltung von Prüfungstätigkeiten im   
Bereich des Schulwesens**

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| **Termin** | **ab/für** | **IT** | **Lohnart** |
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| **Personal-nummer** | **Zu- und Vorname, akademischer Grad, Einstufung** | **Betrag**  (2 Dezimalstellen) |
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|  | Ort, Datum |
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|  | Rundsiegel |
|  | Unterschrift der Schulleitung |