JU OSNOVNA ŠKOLA „SAPNA“ Ime nastavnika: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(naziv škole)

Broj sati u normi: \_\_\_\_\_\_\_\_\_\_

**I S K A Z**

održanih sati u mjesecu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_\_\_ godine

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| Datum | Dani u  sedmici | Broj sati koje je održao u odjeljenju  (oznaka odjeljenja i broj sati) | | | | | | | | | | | | | | | Svega sati | Prekovre-  menih sati | Primjedba |
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Datum: .......................................... 20 ...... god. Potpis nastavnika:

Ovjerava direktor: ...........................................

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