Name, Anschrift der Schule/des Studienseminars, Schul-Nr.: Formular Nr. 3a – Seite 1

***Verzeichnis der Beschäftigten zur Wahl des Örtlichen Personalrates 2025***

***(§ 4 und § 10 LPersVG, § 2 WOLPersVG)***

***!!!NUR ZUR INTERNEN VERWENDUNG!!!***

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| **Nr.** | **Familienname, Vorname,  Amts-/Berufsbezeichnung** | **Geburts-datum** | **Vermerk zur Stimmabgabe** |
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Formular Nr. 3a – Seite 2

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| **Nr.** | **Familienname, Vorname,  Amts-/Berufsbezeichnung** | **Geburts-datum** | **Vermerk zur Stimmabgabe** |
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Formular Nr. 3a – Seite 3

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| **Nr.** | **Familienname, Vorname,  Amts-/Berufsbezeichnung** | **Geburts-datum** | **Vermerk zur Stimmabgabe** |
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Formular Nr. 3a – Seite 4

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| **Nr.** | **Familienname, Vorname,  Amts-/Berufsbezeichnung** | **Geburts-datum** | **Vermerk zur Stimmabgabe** |
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Formular Nr. 3a – Seite 5

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| **Nr.** | **Familienname, Vorname,  Amts-/Berufsbezeichnung** | **Geburts-datum** | **Vermerk zur Stimmabgabe** |
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Formular Nr. 3a – Seite 6

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| **Nr.** | **Familienname, Vorname,  Amts-/Berufsbezeichnung** | **Geburts-datum** | **Vermerk zur Stimmabgabe** |
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Anzahl der weiblichen Beschäftigten: **........................ ; ................... %**

Anzahl der männlichen Beschäftigten: **........................ ; ................... %**

**........................................ ........................................ ........................................**

(Vorsitzende/r) (Stellvertreter/in) (Beisitzer/in)

**Bearbeitungsvermerke:**

Angefertigt am: ..................................... Einspruch am: ................................... Berichtigung am: ....................................

LPersVG = Landespersonalvertretungsgesetz

WOLPersVG = Wahlordnung zum Landespersonalvertretungsgesetz