**NOME: RG:**

**FUNÇÃO: REGIME JURÍDICO:** CLT

**Vem requerer o que segue:**

**01** - ( ) Abono do dia\_\_\_/\_\_\_\_/\_\_\_\_\_ por motivo de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**02** – ( ) Justificativa de falta referente ao(s) dia(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, por motivo de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**03** - ( ) \_\_\_ dias de LUTO/NOJO à partir de \_\_/\_\_/\_\_\_, conforme documento em anexo.

**04** - ( ) Efetivo exercício, por comparecimento ao INSS / SUS / IAMSPE / L.C. 883, referente ao período das \_\_\_\_\_\_ às \_\_\_\_\_\_ do dia \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_, conforme documento em anexo.

**05** - ( ) Falta INSS / SUS / IAMSPE / L.C. 883, referente ao período de \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ à \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ , conforme documento em anexo.

**06** – ( ) Efetivo exercício por convocação para cumprimento de serviços obrigatórios por lei, no(s) dia(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ conforme documento em anexo.

**07** - ( ) Saída antecipada (temporária ou definitiva) de \_\_\_\_ hora(s), no dia \_\_\_\_/\_\_\_\_/\_\_\_\_\_, por motivo de \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**08** - ( ) Outros**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mogi Mirim, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2023.

**Assinatura do Servidor**

( ) Defiro ( ) Indefiro – Motivo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Assinatura do Superior Imediato**