**Al Dirigente Scolastico**

 **Istituto Comprensivo Don Lorenzo Milani**

**LEVERANO**

 **e, p.c. Al Dirigente Scolastico**

 **Istituto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| I | l |  |  | sottoscritt |  |  |  |

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|  |  | DOCENTE |  |  | ATA |  | Plesso di servizio |  |

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|  |  | dipendente a tempo indeterminato |

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|  |  | dipendente a tempo determinato | ( |  | nomina Provv.re | / |  | nomina del Dir. Scol.) |

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|  |  | incaricato Religione |

**C H I E D E**

ai sensi del vigente CCNL del Comparto Scuola

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|  |  | malattia |

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|  |  | permesso retribuito (da documentare) |

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|  |  | festività soppresse |

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|  |  | ferie senza documentazione |

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|  |  | ferie da documentare (docenti) |

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|  |  | permesso beneficiari art. 33 della Legge 104/92 |

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|  |  | complicanze gestazione (art. 5 della Legge 1204/71) |

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|  |  | astensione obbligatoria (art. 4 della Legge 1204/71) |

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|  |  | astensione facoltativa (art. 7 comma 1° della Legge 1204/71) |

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|  |  | astensione facoltativa (art. 7 comma 2° della Legge 1204/71) |

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|  |  | astensione facoltativa (malattia bambino)  |

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|  |  | recupero ore lavoro straordinario |

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|  |  | altro (specificare) |  |

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| Si allega: |  |

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| \* | Domicilio per eventuale visita fiscale: |  |
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| Leverano, |  |  | Firma del richiedente |

□ si autorizza □ non si autorizza

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