



Struttura ISTITUTO COMPRENSIVO MORI
Dislocazione Via Giovanni XXIII, 64 – 38065 Mori Cod. S 1 2 7

Data _____

OGGETTO: RICHIESTA ORE DI RECUPERO/SALDO ATTIVO

Il sottoscritto _____ matr.

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chiede

ORE DI RECUPERO

il giorno	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	numero ore	<table border="1" style="width: 20px; height: 20px;"></table>	dalle ore	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	alle ore	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
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per un totale di ore

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SALDO ATTIVO – codice 71

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dalle ore	<table border="1" style="width: 20px; height: 20px;"></table>	alle ore	<table border="1" style="width: 20px; height: 20px;"></table>
numero ore/min	<table border="1" style="width: 20px; height: 20px;"></table>		
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dalle ore	<table border="1" style="width: 20px; height: 20px;"></table>	alle ore	<table border="1" style="width: 20px; height: 20px;"></table>
numero ore/min	<table border="1" style="width: 20px; height: 20px;"></table>		

FIRMA DEL RICHIEDENTE

IL DIRIGENTE SCOLASTICO
Prof. Giovanni Kral
