



PROVINCIA AUTONOMA DI TRENTO

MOD. TSK 8 – LATO A

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

Data, _____

OGGETTO: RICHIESTA PERMESSO BREVE (*)

Il sottoscritto _____ matr.

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chiede un permesso breve cod. **9C**:

il giorno

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 numero ore

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 dalle ore

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 alle ore

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che si impegna a recuperare nell'ambito del monte orario mensile e comunque entro il mese successivo secondo modalità individuate dal responsabile della Struttura.

FIRMA DEL RICHIEDENTE

IL DIRIGENTE SCOLASTICO
Prof. Giovanni Kral

(*) I permessi brevi non possono essere di durata superiore alla metà dell'orario di lavoro giornaliero.



PROVINCIA AUTONOMA DI TRENTO

MOD. TSK 8 – LATO B

RECUPERO PERMESSO BREVE DI LATO A

Il sottoscritto _____ matr.

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dichiara di aver prestato servizio nei seguenti giorni per "recupero permesso breve" cod. **9D**:

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