**MODELLO RICHIESTA FERIE DOCENTI (Periodo Estivo)**

***Al Dirigente Scolastico***

***Istituto Scolastico Comprensivo Statale “E. Vittorini”***

***San Pietro Clarenza (CT)***

**ctic85300t@istruzione.it**

Il/La sottoscritto/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nato/a il Fare clic qui per immettere una data.in servizio in codesta Istituzione Scolastica in qualità di:

**DOCENTE :**  Infanzia Primaria Secondaria I gr.

Con contratto di lavoro a tempo: Indeterminato Determinato fino al 30/06/202\_

**C H I E D E**

**Ferie anno corrente n° giorni** Scegliere un elemento. **(clicca e inserisci giorni)**

**Festività soppresse n° giorni**Scegliere un elemento.

**Altro** Scegliere un elemento. **n° giorni** Scegliere un elemento.

**Flaggare (X) i giorni nell’apposita casella**

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| **giugno-2020** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L | M | M | G | V | S | D | L | M | M | G | V | S | D | L | M | M | G | V | S | D | L | M | M | G | V | S | D | L | M |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
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| **luglio-2020** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M | G | V | S | D | L | M | M | G | V | S | D | L | M | M | G | V | S | D | L | M | M | G | V | S | D | L | M | M | G | V |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| **agosto-2020** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S | D | L | M | M | G | V | S | D | L | M | M | G | V | S | D | L | M | M | G | V | S | D | L | M | M | G | V | S | D | L |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Eventuali dichiarazioni: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

n. telefonico mobile per contatti Scegliere un elemento. (clicca e inserisci n telefono)

Allegare copia documento di riconoscimento

***Dopo compilato convertire in formato pdf, ed inviare a ctic85300t@istruzione.it***

**Data**  Fare clic qui per immettere una data.(clicca e inserisci data)

**FIRMA DEL DIPENDENTE**

**(Digitare nome e Cognome)**

Scegliere un elemento.