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| **AVALIAÇÃO DE CAPACIDADE LABORATIVA POR RECOMENDAÇÃO SUPERIOR** |

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| **DADOS DA CHEFIA IMEDIATA DO SERVIDOR** | |
| NOME: | SIAPE: |
| E-MAIL INSTITUCIONAL: | RAMAL: |

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| **DADOS DO SERVIDOR** | | |
| NOME: | | SIAPE: |
| CARGO: | LOTAÇÃO: | |
| RAMAL: | CELULAR / FIXO: | |
| E-MAIL INSTITUCIONAL: | | |

RELATO DOS MOTIVOS QUE JUSTIFICAM A SOLICITAÇÃO DA AVALIAÇÃO DA CAPACIDADE LABORATIVA DO SERVIDOR:

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Data:    /    /

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Assinatura do Superior (demandante)

Data:    /    /

Estou ciente das informações acima,

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Assinatura do servidor

v.01.2018