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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