**Dnei Aliona Baltag**

**Șef, IMSP Centrul de Sănătate Sîngerei**

**CERERE**

Subsemnatul (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numele, prenumele

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Funcția, denumirea subdiviziunii

în conformitate cu prevederile Codului muncii al RM și ale Contractului colectiv de muncă al IMSP Centrul de Sănătate Sîngerei, solicit să-mi acordați \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Data Semnătura

COORDONAT:

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Funcția, denumirea subdiviziunii

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Numele, prenumele Semnătura