**Dnei Aliona Baltag**

**Șef, IMSP Centrul de Sănătate Sîngerei**

**CERERE**

**(concediul suplimentar plătit)**

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

Numele, prenumele

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Funcția, denumirea subdiviziunii

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

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 Data Semnătura

COORDONAT: Reprezentantul Comitetului Sindical

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 Numele, prenumele

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 Data Semnătura

COORDONAT:

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 Funcția, denumirea subdiviziunii

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 Numele, prenumele Semnătura