**ACCEPT**

**Șef, IMSP Centrul de Sănătate Sîngerei**

**Aliona Baltag**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEMERS**

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

Numele, prenumele

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Funcția, denumirea subdiviziunii

solicit respectuos acordarea suplimentului în cuantumul \_\_\_\_\_\_\_\_ salariatului \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Numele, prenumele

 pentru cumularea atribuţiilor funcţiei deţinute cu atribuţiile funcției\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 Data Semnătura

**Acordul salariatului**

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

Numele, prenumele

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Funcția, denumirea subdiviziunii

Accept cumularea atribuţiilor funcţiei deţinute cu atribuţiile funcției \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Data Semnătura