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|  |  | **DISPENSA DE SERVIÇO DOCENTE**  **PÓS-LICENÇA DE PARENTALIDADE** |
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| **DESPACHO** | |  | | --- | |  | |  |   **O/A Presidente do IST,**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | data |  |  |  | assinatura | |

Exmo./a. Senhor/a

Presidente do Instituto Superior Técnico

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| Nome |  | Técnico ID | ist |

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| E-mail |  | Carreira/Categoria |  |

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Requer a V. Exa., **dispensa do serviço docente após o termo de licença de parentalidade**, pelo

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Pede deferimento,

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**O/A Coordenador/a da Área Científica O/A Presidente do Departamento**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **O/A Presidente do Conselho Científico**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Data |  |  |  |  |  |  |  | | --- | --- | | Assinatura |  | |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **O/A Administrador/a do IST**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Data |  |  |  |  |  |  |  | | --- | --- | | Assinatura |  | |