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|  |  | **ACUMULAÇÃO DE FUNÇÕES DOCENTES** |
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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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| Carreira / Categoria |  | Ext. |  |

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| Departamento/Secção/Área |  |

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| Regime de dedicação exclusiva | Regime de tempo integral, sem dedicação exclusiva |

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| (Até ao limite máximo de 4 horas semanais em instituições públicas) | (Até ao limite máximo de 6 horas semanais) |

Solicita a V. Exa., nos termos do art.º 12.º do Despacho nº 8985/2011, de 8 de julho, conjugado com os artigos 67.º a 71.º do ECDU / art.º 52º do ECIC, **autorização para** **prestar serviço docente em regime de**

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| **Acumulação de funções** no (s)  1º semestre  2º semestre, no ano letivo |  | / |  |

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| com |  | horas semanais para além do período semanal de 35 horas de serviço, na |

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| seguinte instituição: |  |

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| Tipo de estabelecimento: | Ensino Superior Público | Ensino Superior Particular e Cooperativo |

*Declaro, sob compromisso de honra, não haver incompatibilidades com as alíneas do nº 2 do, art.º. 23º da LTFP.*

Pede deferimento,

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| Data |  |  |  |  | Assinatura |  |  |

**AF2 |** V11 | 2024.01.04

**DRH – Informação**

Conformidade Legal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data / / Assinatura\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **O/A Coordenador/a da área Científica/Secção,** (se aplicável)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Data |  |  |  | Técnico ID |  |  |  |  |  | | --- | --- | | Assinatura | \_ | |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **O/A Presidente do Departamento,**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Data |  |  |  |  | Técnico ID |  |      |  |  | | --- | --- | | Assinatura |  | |

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

Nota: Após autorização é necessário entregar na DRH o contrato de prestação de serviços assinado.