**ANEXO IV**

**REQUERIMENTO DE LICENÇA PARA CAPACITAÇÃO**

**(PREENCHIMENTO EXCLUSIVO DO SERVIDOR)**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, servidor (a) do IF Goiano, ocupante do cargo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, matrícula SIAPE nº. \_\_\_\_\_\_\_\_\_\_\_\_\_, lotado (a) no (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solicito:

Licença para capacitação pelo período de:

( ) 30 dias

( ) 60 dias

( ) 90 dias

( ) Parcelados. Detalhar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Período aquisitivo: De \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ a \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (05 anos)

Data de início do curso de capacitação: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Data de término do curso de capacitação: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_, de \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(assinatura e carimbo do servidor)

( ) De acordo, em \_\_\_\_/\_\_\_/\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chefe Imediato)

( ) Indeferido, em \_\_\_\_/\_\_/\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chefe Imediato)

Justificativa:

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