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| **ΑΙΤΗΣΗ**  |  | **ΠΡΟΣ**     |
|  |  |  Παρακαλώ να μου χορηγήσετε κανονική άδεια απουσίας διάρκειας ( ) ημερ , από / / μέχρι / / για                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| **Επώνυμο** |  |
|  |  |
| **Όνομα** |  |
|  |  |
| **Πατρώνυμο** |  |
|  |  |
| **Κλάδος / Ειδικότητα** |  |
|  |  |
| **Αριθμός Μητρώου Εκπαιδευτικού** (**ΑΦΜ για αναπληρωτές/ωρομίσθιους)** |  |
|  |  |
| **Ημ. Πρόσληψης** |  |
|  |  |
| **Σχολείο που υπηρετώ** |  |
|  **🞎 ΕΣΠΑ 🞎 ΠΔΕ 🞎 Ενισχυτικής** |  |
| **Τύπος Πρόσληψης** |  |
|  |
| **Σταθερό / Κινητό τηλέφωνο** |
|  |  |
| **Διεύθυνση κατοικίας** |  |
|  |  |
| **Πόλη / ΤΚ** |  |
| **Θέμα**:  **Χορήγηση κανονικής άδειας** **Τόπος / Ημερομηνία**                      ,         /         /           / | Ο/Η αιτών/αιτούσαΥπογραφή |
|  |  |