



PROVINCIA AUTONOMA DI TRENTO

**MOD. TSK 8 – LATO A**

Struttura ISTITUTO COMPRENSIVO MORI  
Dislocazione Via Giovanni XXIII, 64 – 38065 Mori Cod. S 1 2 7

Data, \_\_\_\_\_

**OGGETTO: RICHIESTA PERMESSO BREVE (\*)**

Il sottoscritto \_\_\_\_\_ matr. 

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chiede un permesso breve cod. **9C**:

il giorno 

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 numero ore 

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 dalle ore 

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 alle ore 

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**che si impegna a recuperare nell'ambito del monte orario mensile e comunque entro il mese successivo secondo modalità individuate dal responsabile della Struttura.**

FIRMA DEL RICHIEDENTE

IL DIRIGENTE SCOLASTICO  
prof. Massimiliano Latino

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(\*) I permessi brevi non possono essere di durata superiore alla metà dell'orario di lavoro giornaliero.



PROVINCIA AUTONOMA DI TRENTO

**MOD. TSK 8 – LATO B**

**RECUPERO PERMESSO BREVE DI LATO A**

Il sottoscritto \_\_\_\_\_ matr. 

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dichiara di aver prestato servizio nei seguenti giorni per "recupero permesso breve" cod. **9D**:

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