**Al Dirigente Scolastico**

**Liceo Artistico Giulio Carlo Argan**

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Il/la sottoscritto/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ai sensi della normativa vigente e delle disposizioni impartite, comunica la propria assenza dal lavoro ai sensi della legge 104/92, per il mese di

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Roma, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In fede