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| *(должность и Ф.И.О. руководителя организации)* | | | | | | | | | | | |
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| Заявление | | | | | | | | | | | | | | | | | |
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| зарегистрированная и проживающая по адресу | | | | | | | |  | | | | | | | | | |
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| паспорт | |  | | выдан |  | | | | | | | | | | | | |
| прошу: | | | | | | | | | | | | | | | | | |
| • предоставить мне отпуск по беременности и родам с | | | | | | | | |  | | | по |  | | | | ; |
| • выплатить пособие по беременности и родам на мой счет | | | | | | | | | |  | | | | | | | |
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| Приложение: листок нетрудоспособности от | | | | | | |  | | | | | № |  | | | | |
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| *(подпись работника)* | | |  | | | | | | | |  | | |  |  |  | |