

UNIVERSIDADE DO ESTADO PARÁ

Exmo./Ilmo. Sr. .

IDENTIFICAÇÃO

Nome Completo: .

Endereço: Fone: .

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| --- | --- |
| Lotação | |
| Órgão: | Unidade: |

Bairro: . Município: CEP: .

Cargo/Função: Matrícula: .

Email: .

SOLICITAÇÃO

Vem requerer que lhe seja concedido:

APOSENTADORIA Invalidez AUXÍLIO FUNERAL

Voluntário

REVISÃO Pensão LICENÇA PRÊMIO

Aposentadoria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reforma (Especificar o período)

Reversa

Outras \_\_\_\_\_\_\_\_\_ LICENÇA PARA TRATAR

ASSUNTO PARTICULAR

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

INCORPORAÇÃO (Especificar o período)

CERTIDÃO DE TEMPO DE SERVIÇO LICENÇA PARA ACOMPANHAR

CÔNJUGE

CESSÃO

EXONERAÇÃO Cargo Efetivo

Cargo Comissionado

X

OUTROS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Justificar a solicitação:**

Em: / / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura do Requerente

IDENTIFICAÇÃO

o campo a abaixo deverá ser preenchido somente para a solicitação de aposentadoria

Declaro, sob as penas da Lei:

Não sou aposentado(a), na administração pública federal, estadual ou municipal e na empresa privada

Sou aposentado(a) no(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no(a)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ da esfera \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Órgão ou empresa Federal, Estadual, Municipal ou Privada

Conforme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ datado de \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Documento de aposentadoria

Em \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura da Requerente

Documentos anexados: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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