**DECLARAÇÃO**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SIAPE nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declaro ter ciência do estabelecido pela Resolução CONSUNI nº 27/2015, e informo que, durante o meu período de afastamento, (de / / a / / ), não haverá prejuízos quanto à execução das minhas atividades, pois as mesmas serão realizadas conforme abaixo:

( ) Reposição ( ) Substitução

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Local, data

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Assinatura