**REQUERIMENTO**

**AO**

**DEPARTAMENTO DE GESTÃO DE PESSOAS**

Sec. Municipal de Administração

Prefeitura Municipal de Sorriso

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, portador(a) do CPF sob nº \_\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_\_-\_\_\_\_\_, com matrícula nº \_\_\_\_\_\_\_\_\_ e data de admissão \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_, lotado(a) na Secretaria Municipal de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desempenhando minhas atividades na Unidade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, venho por meio deste, **REQUERER A ATUALIZAÇÃO DE MEUS DADOS CADASTRAIS**, conforme documentação anexa:

Informações a serem atualizadas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Documento(s) anexo(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Servidor de vínculo Efetivo, no cargo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( ) Servidor de vínculo Comissionado, no cargo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( ) Servidor de vínculo Contratado Temporário, no cargo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( ) Sem vínculo (Estagiário/Outros) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Grato(a) de vossa compreensão,

Sorriso/MT, \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_\_\_\_.

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**Assinatura**

Telefone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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