## Sostituzione docenti assenti

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| **Scuola dell’infanzia di** | | |  | | | | | | | | ***anno scolastico*** | | | **2019-20** | |
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| **data** | **docente assente** | | | **sez.** | **orario** | | | | **tot ore da retribuire** | **ore da recuperare** | | **data e orario del recupero** | **docente supplente** | | **firma** |
| ***dalle*** | ***alle*** | | |
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| ***data*** | |  | | | | | ***Il Responsale di Plesso*** | | | | | | | | |
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