Employee Under a Contractual Relationship

Name:

Category: _____

Org. Unit: _____

We request:

1 ☐ **AUTHORIZATION** ☐ **JUSTIFICATION**

For absence from work on the day(s) from _____ to _____ pursuant to Decree-Laws No. 874/76 of December 28 and No. 397/91 of October 16.

- ☐ Marriage
- ☐ Bereavement Leave: _____to _____
- ☐ External Reasons
- ☐ Union Activity
- ☐ Legal obligation * _____
- ☐ Illness*
- ☐ Working student*
- ☐ Others: _____

* Upon presentation of supporting documentation

This authorization/justification was requested verbally by the employee and communicated by:

_____

_____

2 Authorization to change the vacation period of _____ days, from the originally scheduled period of _____ to _____ to the period of _____ to _____.

_____, ___, _____ , 20___

Fundação Gaspar Frutuoso, FP
Rua da Mãe de Deus Campus Universitário Ponta Delgada
9500-321 Ponta Delgada
Tax ID Number: 512 058 407
Phone: 296 654 058
E-mail: fgf@uac.pt | Website: fgf.uac.pt

Approval Workflow

SUPREME COURT ORDER |

_____

_____

Date: _____/____/_____

Signature: _____

Human Resources Assessment |

_____

_____

Date: _____/____/_____

Signature: _____

Order from a Superior |

_____

_____

Date: _____/____/_____

Signature: _____

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