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| 兼職等従事承認申請書 | | | | | | | 所属長検印 |  | |
| 教育委員会様 | | 所属学校名 | |  | | | | |  |
| 職氏名 | |  | | | | | ㊞ |
| 従事しようとする公署又は団体等 | 名称 | |  | | | | | | |
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| 所在地 | |  | | | | | | |
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| 従事しようとする職名及び団体等 |  | | | | 報酬の有無  （ある場合はその額） |  | | | |
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| 従事しようとする職務（事業）の内容 |  | | | | | | | | |
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| 従事しなければならない理由 |  | | | | | | | | |
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