特殊勤務手当届出書

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| 施設名称 |  | | | | 提出日 | | 令和　　年　　月　　日 | | |
| 所属部署 |  | | | | 提出者 | |  | | |
| 下記のとおり、特殊勤務が発生しましたことをご報告いたします。 | | | | | | | | | |
| 勤務日 | 令和　　年　　月　　日（　　） | | | | | | | | |
| 届出理由 |  | | | | | | | | |
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| 備考 |  | | | | | | | | |
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|  | | 承認者 |  |  | |  | |  |  |
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