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|  | **GOVERNO DO TOCANTINS****SECRETARIA DA ADMINISTRAÇÃO****DIRETORIA DO SISTEMA DE PAGAMENTO DE PESSOAL**Brasão Preto | **BOLETIM DE ALTERAÇÃO CADASTRAL E FINANCEIRA** | **MÊS****­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |

**CARGA HORÁRIA**

**ÓRGÃO: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Matrícula** |  |  |  |  |  |  |  |  |  |

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| **Nome do Servidor** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Carga Horária Anterior** |  |  |  |  |  |  **Carga Horária Atual** |  |  |  |  |  |

**Período \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Diferença de Subsídio R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Prazo** |  |  |

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| **Devolução de Subsídio R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Prazo** |  |  |

**Base Previdenciária Mês/Referência**

**R$\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

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| **Matrícula** |  |  |  |  |  |  |  |  |  |

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| **Nome do Servidor** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Carga Horária Anterior** |  |  |  |  |  |  **Carga Horária Atual** |  |  |  |  |  |

**Período \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Diferença de Subsídio R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Prazo** |  |  |

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| **Devolução de Subsídio R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Prazo** |  |  |

**Base Previdenciária Mês/Referência**

**R$\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

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| **Matrícula** |  |  |  |  |  |  |  |  |  |

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| **Nome do Servidor** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Carga Horária Anterior** |  |  |  |  |  |  **Carga Horária Atual** |  |  |  |  |  |

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| **Diferença de Subsídio R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Prazo** |  |  |

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| **Devolução de Subsídio R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Prazo** |  |  |

**Base Previdenciária Mês/Referência**

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| **Encarregado de Setor** | **Coordenador** | **Triagem / SECAD** | **Digitação/SECAD** |
|  |  | **Conferente** | **Coordenador** | **Digitação** |
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| Assinatura/Carimbo | Assinatura/Carimbo | Assinatura/Carimbo | Assinatura/Carimbo | Assinatura/Carimbo |