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| **S E G É L Y K É R Ő L A P** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Alulírott (név): |  | | | | | | | | | |  | Szolg. hely: | | | |  | | | | | | | | |  |  |  |  |  |  |
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| Kérem, hogy az alábbi indokaim alapján megjelölt formában támogatást adni szíveskedjenek. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Rendkívüli szociális segély** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| ***Számlaszám megadása kötelező: …………………………….***  ***Kérelmező aláírása*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| A kérelem alapján: | | |  |  |  |  |  |  | Ft | **Rendkívüli szociális segély** kifizetését javasoljuk. | | | | | | | | | | | | | | | | | | | |  |
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|  | Szekcióvezető | | | | | | | | |  |  |  |  |  |  | Elnök | | | | | | | | |  |  |  |  |  |  |
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| **KIFIZETÉS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Alulírott a mai napon a szakszervezet a folyószámlámra átutalással teljesítette | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | Ft |  |  |  |  |
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|  | Kifizető pénztáros | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | |  |  |  |  |  |  |
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| Temetési segélyhez mellékelendő: Halotti Anyakönyvi kivonat másolata. Kérelmező nevére szóló temetési számla | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Dátum:202 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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