| Department | | | | |
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| | | | | |
| Declaration re | garding the application of | f leave for personal | l reasons | |
| Special leave | lue to the illness of a child | k | | N. |
| l hereby decla | e that my salary or candid | date salary (without | family or expense | allowances |
| | will not exceed | | 60 | |
| | will exceed | | 400 | |
| | | lojis | | |
| Date, Signatur | 2 | 110 | | |
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