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| **IC Pollina** | RELAZIONI INCARICHI | |
| INCARICO | | periodo di valutazione: |
| **RESPONSABILE DI INCARICO :** | | a.s. \_\_\_\_\_\_\_\_\_\_\_ |

Attività svolta / ore impiegate / evidenze documentali/eventuali allegati :

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Le attività si sono svolte regolarmente come da incarico .

Firma del docente Data