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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