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| MyndighedscentretOdinsgade 12, 8900 Randers C |  |

**AFLASTNING**

***Bedes sendt til Myndighedscentret, Odinsgade 12, 8900 Randers C, att.*** ***.***

**LØNPERIODE: uge** **-**

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| Plejebarn: | Lønmodtager: |
| Lønmodtagers tjenestenr. |       |
| Lønmodtagers cpr.nr.  |       |
| **Aflastningsopholdets varighed** |
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| **FRA (dato)** | **kl.**  | **TIL (dato)** | **kl.** |
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| **Andre udlæg – Kun efter forudgående bevilling – Husk dokumentation:**      |
| Dato og underskrift      |

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**Udfyldes af Myndighedscentret:**

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| --- | --- | --- | --- |
| lønkode: | antal enheder | sats/beløb | Bemærkninger |
| 83 |  |  |  |
| 82 |  |  |  |
| 916 |  |  |  |
| 703 |  |  |  |
|  |  |  |  |