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|  | **ZAHTJEV ZA IZDAVANJE PRESLIKE DOKUMENTACIJE IZ OSOBNOG DOSJEA RADNIKA** |

**KBC Sestre milosrdnice**

**Sektor pravnih, kadrovskih i općih poslova**

Vinogradska cesta 29

10 000 Zagreb

**PODACI PODNOSITELJA ZAHTJEVA**

**Ime i prezime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adresa:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OIB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Kontakt i e-mail adresa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Molim Vas da mi izdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(navesti naziv dokumenta čija se preslika traži)

u svrhu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Zagreb,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(datum) (potpis podnositelja zahtjeva)

**Napomena:** Uz zahtjev je potrebno priložiti presliku osobne iskaznice