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*(Ime, ime oca, ime supruga, prezime)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Adresa stanovanja i broj telefona)*

**JU CENTAR ZA SOCIJALNI RAD CAZIN**

PREDMET: Zahtjev za priznavanje prava na naknadu umjesto plate ženi-majci u

radnom odnosu za vrijeme porodiljskog odsustva

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Uz zahtjev prilažem:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PODNOSILAC ZAHTJEVA:

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