



**FORMULÁRIO DE REVISÃO DE ADICIONAIS OCUPACIONAIS**

**SERVIDOR:**

**SIAPE: CAMPUS:**

**SETOR DE LOTAÇÃO: EXERCE FUNÇÃO? SIM ( ) NÃO ( )**

**SE EXERCE FUNÇÃO, INFORME QUAL:**

**E-MAIL:**

**TELEFONE:**

**ATUAL AMBIENTE LABORAL:  
ANTIGO AMBIENTE LABORAL QUE ENSEJOU ADICIONAL:**

**INFORME O NÚMERO DOS PROCESSOS DE ADICIONAIS ANTERIORES:**

**PROCESSO 1:  
PROCESSO 2:   
PROCESSO 3:  
PROCESSO 4:  
PROCESSO 5: OUTROS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFORME MOTIVO DO CANCELAMENTO DO ADICIONAL ANTERIOR:**

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**DESCREVA SEU AMBIENTE LABORAL, AS ATIVIDADES DESEMPENHADAS E INFORME SEU TEMPO DE EXPOSIÇÃO A AGENTES QUÍMICOS, FÍSICOS, BIOLÓGICOS OU REALIZAÇÃO DE OPERAÇÕES PERIGOSAS**

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**ATENÇÃO: ESTE FORMULÁRIO DEVE CONTER ASSINATURA FÍSICA OU DIGITAL DO SERVIDOR E DA CHEFIA IMEDIATA**