**병가신청서**

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| **문서번호** |  | **결**  **재** |  |  |  |  |  |
| **작 성 일** |  |  |  |  |  |  |
| **발신부서** |  |
| **수신부서** |  | **합**  **의** |  |  |  |  |  |
| **참조부서** |  |  |  |  |  |  |
| **작 성 자** | 소속: 이름: |
| **제 목** |  | | | | | | |

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| |  |  |  |  | | --- | --- | --- | --- | | **대상자** | ­­ | **직군/직위/직급** |  | | **소속** |  | **사원번호** |  | | **기간** | 20 년 월 일 ~ 20 년 월 일까지 (○○일간) | | | | **사유** |  | | | | **비고** | * 신청기한이 1주일 이상일 경우 진단서 첨부 부탁드립니다. | | | |