Assistant d’Education

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| Etablissement employeur |  | lieu de travail |

# JOINDRE OBLIGATOIREMENT UN RELEVE D’IDENTITE BANCAIRE OU POSTAL

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| Prénoms  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Nom de naissance : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Date de Naissance : |  |  |  |  |  |  |  |  |

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| Lieu de Naissance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Numéro I.N.S.E.E. : |  |  |  |  |  |  |  |  |  |  |  |  |  | Clé |  |  | *impératif* |

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| Situation familiale : |  |

C = Célibataire D = Divorcé (e) S = Séparé (e) A = Autre

M = Marié (e) V = Veuf (ve) Co = Concubinage

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| Supplément familial de traitement |  |  | oui |  |  | Nb enfants |  |  |  |  |  |  |  |
|  |  |  | non |  |  |

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| Indemnité de résidence |  |  | oui |  | non |  |

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| SERVICES PUBLICS ANTERIEURS |  |  | oui |  | non |  |

Si oui nature des fonctions exercées (CES – CEC – CEJ –MI-SE – CONTRACTUEL):

 \* dates de début et de fin de fonction : du ………… au ………….. fonction ………

 \* dates de début et de fin de fonction : du ………… au ………….. fonction ………

Je soussigné…………………………………………… assistant (e) d’éducation, certifie exactes les indications fournies par moi-même et m’engage à signaler les modifications survenant dans ma propre famille dès qu’elles se présenteront .

A ………………… le …………….. Signature

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Je soussigné …………..………………………………. chef d’établissement, atteste l’exactitude des renseignements portés ci-dessus.

A ………………… le …………….. Signature