To the Human Resources Office
SISSA

The undersigned.....
born in.....on .....
address.....
fiscal code.....

D E C L A R E S

to have carried out n. …….. hours of collaboration in the SISSA .....
.....
from ..... to .....(art. 13 L. 2.12.1991, n. 390)

A S K S

to be paid for the hours carried out (Euro 10.30/hour), for a total amount of Euro
…….. (.....)

Trieste, (date) _____

(signature)

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The undersigned ……..……. responsible for the activity carried out by Dr. ……..……..
confirm / do not confirm the regular execution of the above mentioned activity judging the student's job excellent / good / sufficient / insufficient

_____

(signature)

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Si autorizza la liquidazione:
IL DIRETTORE AMMINISTRATIVO