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|  | **IMPORTANT** : Afin de permettre l’instruction de la demande, **l’ensemble des champs doivent obligatoirement être renseignés** et les **pièces demandées jointes au dossier**. En cas d’incomplétude de la saisine, celle-ci vous sera retournée pour compléments. Dans l’attente, l’instruction ne pourra débuter. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | **Renseignements concernant l’agent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Madame | | | | | | | |  | |  | Monsieur | | | | | | | | | |  | |  |  |  |  | Adresse : | | | | | | | | | | |  | | | | | | | | | | | |  |
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|  | Nom d’usage : | | | | | | | |  | | | | | | | | | | | | | | | | |  |  | Complément : | | | | | | | | | | |  | | | | | | | | | | | |  |
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|  | Prénom(s) : | | | | | | | |  | | | | | | | | | | | | | | | | |  |  | Code postal : | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Statut applicable : | | | | | | | |  | | Titulaire | | | | | | |  | | Contractuel | | | | | | | |  | | | Stagiaire | | | | | | | |  | Ouvrier d’état | | | | | |  |  |  |  |  |  |
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|  | Fonction publique : | | | | | | | |  | | Etat | | | | | | |  | | Territoriale | | | | | | | |  | | | Hospitalière | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Corps : | | | | | | | |  | | | | | | | | | | | | | | | | |  |  | Grade : | | | | | | | | | | |  | | | | | | | | | | | |  |
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|  | Entrée dans l’Adm. : | | | | | | | |  | |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  | Titularisation : | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Fonction : | | | | | | | |  | | | | | | | | | | | | | | | | |  |  | Téléphone : | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Durée de travail : | | | | | | |  | | Temps plein | | | | | | |  | |  | |  | | Temps partiel | | | | | | | | |  | | | % |  |  |  | Temps non complet | | | | | | |  | | heures | | |  |
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|  | **Renseignements concernant le service en charge du dossier** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Entité juridique\* : | | | | | | |  | | | | | | | | | | | |  |  | Service RH\*\*\* : | | | | | | |  | | | | | | | | | | | |  |
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|  | Structure\*\* : | | | | | | |  | | | | | | | | | | | |  |  | Nom du référent : | | | | | | |  | | | | | | | | | | | |  |
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|  | Complément : | | | | | | |  | | | | | | | | | | | |  |  | Courriel : | | | | | | |  | | | | | | | | | | | |  |
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|  | Code postal : | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \*Entité juridique de rattachement : Agriculture, Culture, Défense, Economie, Santé, Travail, Justice, etc.  \*\*Structure d’affectation : Agence de santé, Centre hospitalier, etc.  \*\*\*Service RH : en charge de la gestion du dossier médical de l’agent | | | | | | | | | | | | | | | | | | |  |
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|  | **Renseignements concernant la demande** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | *Circonstances conduisant à la saisine du comité* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | OCTROI (O) | | | | | | | | | | | | | | | |  | | |  | | |  | | | RENOUVELLEMENT (R) | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | MISE EN CONGÉS D’OFFICE (M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | |
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|  | *Type de congé demandé (O) (R) (M) = combinaisons possibles* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | **À compter du\*** : | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
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|  |  |  | | CMO : Congé ordinaire de maladie (O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | Reclassement dans un autre emploi (M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  |  |  | | CLM : Congé de longue maladie (O) (R) (M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | Aptitude/inaptitude aux fonctions (M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  |  |  | | CLM : Congé de longue maladie fractionné (O) (R) (M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | Reprise à temps complet (O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  |  |  | | CLD : Congé de longue durée (O) (R) (M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | Temps partiel thérapeutique (O) (R)\* \*si avis discordant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  |  |  | | CGM : Congé de grave maladie (O) (R) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | Congés pour cure thermale (O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  |  |  | | Disponibilité pour raison de santé (O) (R) (M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | CMS : Recours au Comité Médical Supérieur | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  |  |  | | Congés sans traitement (O) (R) (M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | Autre : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  |  |  | | Retraite pour invalidité (O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | |
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|  | \*Correspondant à la date de début d’arrêt en continu (rétroaction si l’agent est en CMO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |

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|  | Compléments ou précisions éventuelles sur la demande : |  |
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|  | **Renseignements concernant le médecin de prévention** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Nom du médecin : | | | | | | |  | | | | | | | | | | | |  |  | Téléphone | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Pièces à joindre obligatoirement :   * Lettre de l’intéressé-e précisant la nature du congé demandé ; * Certificat médical détaillé du médecin traitant **sous pli confidentiel ;** * Certificat médical administratif ;   Des **pièces spécifiques au droit demandé** peuvent être exigées. |  |
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|  | **Relevé des congés pour raison de santé déjà obtenus après avis du comité médical** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Congés ordinaires de maladie au-delà de 6 mois | | | | | | | | | | du : | |  |  |  |  |  |  |  |  |  | au : | | |  | | |  | |  |  |  |  |  |  |  | durée : | | |  | | | | |  |
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|  | Congés de longue maladie | | | | | | | | | | du : | |  |  |  |  |  |  |  |  |  | au : | |  | | |  | |  | |  |  |  |  |  |  | durée : | | |  | | | | |  |
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|  | Congés grave de maladie | | | | | | | | | | du : | |  |  |  |  |  |  |  |  |  | au : | |  | | |  | |  | |  |  |  |  |  |  | durée : | | |  | | | | |  |
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|  | Temps partiels pour raison thérapeutique | | | | | | | | | | du : | |  |  |  |  |  |  |  |  |  | au : | |  | | |  | |  | |  |  |  |  |  |  | durée : | | |  | | | | |  |
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|  | Disponibilité d’office pour raison santé / Congés sans traitement | | | | | | | | | | du : | |  |  |  |  |  |  |  |  |  | au : | |  | | |  | |  | |  |  |  |  |  |  | durée : | | |  | | | | |  |
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|  | Fait à : | | | | | | |  | | | | | | | |  |  |  |  |
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