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**FICHE DE RENSEIGNEMENTS**

• **ÉTABLISSEMENT ADHÉRENT**

Collectivité territoriale :

Adresse :

Code Postal : Ville :

Tél. : Fax :

Courriel @ :

Responsable administratif :

Total effectif agents :

Avez-vous réalisé votre DUERP ? [ ]  Oui [ ]  Non

*(Document Unique d’Évaluation des Risques Professionnels) Si oui, le joindre à l’adhésion.*

• **CONTACT ADMINISTRATIF** (personne à contacter pour la gestion des convocations et absences)

Nom - Prénom :

Tél :

Fonction : Courriel @ :

• **EFFECTIFS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NOMS** | **PRENOMS** | **DATE DE NAISSANCE** | **FONCTIONS** | **STATUTS** | **Tps DE TRAVAIL** |
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