**QUESTIONÁRIO DE DEMANDA SETORIAL**

**Setor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1 – Qual horário de funcionamento habitual do setor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 – Nos horários em que o setor permanece fechado algum usuário deixa de ser atendido?

SIM [ ] NÃO [ ]

Qual(is)?

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3 – Há algum serviço no setor que deva ser oferecido por um período igual ou superior à 12 horas ininterruptas ou após às 21 horas?

SIM [ ] NÃO [ ]

Qual(is)?

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4 – Qual seria o horário de funcionamento ideal para o setor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 – Que público é atendido no setor?

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6 – A extensão da jornada de trabalho para no mínimo 12h ininterruptas resultará em quais melhorias nas atividades do setor?

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7 – Forneça outras informações que julgue relevantes para compreender o funcionamento do setor e que possam subsidiar a avaliação.

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Local e data.

Assinatura dos servidores do Setor, inclusive o Chefe da Unidade.