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| membrete oficio-01 | **SECRETARIA DE EDUCACION MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **4.0** | **PAG. DE**  **1 1** |
| **AUTORIZACION HORAS EXTRAS**  **1.- GENERAL** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F01** | |

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| **MES A AUTORIZAR:** | **AÑO:** | **INSTITUCION EDUCATIVA:** |

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| **No.** | **NOMBRES** | **CEDULA** | **I.E. DONDE**  **ESTA ASIGNADO** | **N. E. en el que se Cumple la H.E.** | **JUSTIFICACION** | **PERIODO** | | | | **HORARIO CUMPLIMIENTO HORAS EXTRAS** | | | | | | **TOTAL H.E.** | |
| **Inicia** | | **Termina** | | **DIAS** | | | | | **Jornada** | **Semanal** | **Mensual** |
| **D** | **M** | **D** | **M** | **L** | **M** | **M** | **J** | **V** |
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**NIVEL EDUCATIVO: Preescolar: P. Básica Primaria: BP. Básica Secundaria Y Media. BS/M JORNADA: Mañana: M. Tarde. T**

**JUSTIFICACION: Licencia Por Luto = L. L. Licencia No Remunerada = L. NO R. Licencia Disfrute De Vacaciones = L.D.V. Comisión Sindical = C.S.**

**Complemento Asignación Académica = C.A.A. Renuncia = R. Traslado = T. Ampliación De Cobertura = A.C.**

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| **RECTOR O DIRECTOR** | **REVISIÓN** | **NOMINA** |

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| membrete oficio-01 | **SECRETARIA DE EDUCACION MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **4.0** | **PAG. DE**  **1 1** |
| **AUTORIZACION HORAS EXTRAS**  **2.- JORNADA ÚNICA** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F01** | |

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| **MES A AUTORIZAR:** | **AÑO:** | **INSTITUCION EDUCATIVA:** |

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| **No.** | **NOMBRES** | **CEDULA** | **I.E. DONDE**  **ESTA ASIGNADO** | **N. E. en el que se Cumple la H.E.** | **JUSTIFICACION** | **PERIODO** | | | | **HORARIO CUMPLIMIENTO HORAS EXTRAS** | | | | | | **TOTAL H.E.** | |
| **Inicia** | | **Termina** | | **DIAS** | | | | | **Jornada** | **Semanal** | **Mensual** |
| **D** | **M** | **D** | **M** | **L** | **M** | **M** | **J** | **V** |
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**NIVEL EDUCATIVO: Preescolar: P. Básica Primaria: BP. Básica Secundaria Y Media. BS/M JORNADA: Mañana: M. Tarde. T**

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| **RECTOR O DIRECTOR** | **REVISIÓN** | **NOMINA** |

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| membrete oficio-01 | **SECRETARIA DE EDUCACION MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **4.0** | **PAG. DE**  **1 1** |
| **AUTORIZACION HORAS EXTRAS**  **3.- EDUCACION DE ADULTOS - CLEI** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F01** | |

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| **MES A AUTORIZAR:** | **AÑO:** | **INSTITUCION EDUCATIVA:** |

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| **No.** | **NOMBRES** | **CEDULA** | **I.E. DONDE**  **ESTA ASIGNADO** | **N. E. en el que se Cumple la H.E.** | **JUSTIFICA**  **CION** | **PERIODO** | | | | **HORARIO CUMPLIMIENTO HORAS EXTRAS** | | | | | | | **TOTAL**  **H. E.** | |
| **Inicia** | | **Termina** | | **DIAS** | | | | | | **Jornada** | **Semanal** | **Mensual** |
| **D** | **M** | **D** | **M** | **L** | **M** | **M** | **J** | **V** | **S** |
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**N.E. = NIVEL EDUCATIVO: Preescolar: P. Básica Primaria: BP. Básica Secundaria Y Media. BS/M JORNADA: Diurna: D. Noche: N. Sábado: S**

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| **RECTOR O DIRECTOR** | **REVISIÓN** | **NOMINA** |

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| membrete oficio-01 | **SECRETARIA DE EDUCACION MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **4.0** | **PAG. DE**  **1 1** |
| **AUTORIZACION HORAS EXTRAS**  **4.- INCAPACIDADES** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F01** | |

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| **MES A AUTORIZAR:** | **AÑO:** | **INSTITUCION EDUCATIVA:** |

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| **No.** | **NOMBRES** | **CEDULA** | **I.E. DONDE**  **ESTA ASIGNADO** | **N. E. en el que se Cumple la H.E.** | **JUSTIFICACION** | **PERIODO** | | | | **HORARIO CUMPLIMIENTO HORAS EXTRAS** | | | | | | **TOTAL**  **H.E.** | |
| **Inicia** | | **Termina** | | **DIAS** | | | | | **Jornada** | **Semanal** | **Mensual** |
| **D** | **M** | **D** | **M** | **L** | **M** | **M** | **J** | **V** |
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**NIVEL EDUCATIVO: Preescolar: P. Básica Primaria: BP. Básica Secundaria Y Media. BS/M JORNADA: Mañana: M. Tarde. T**

**JUSTIFICACION: Nombre del docente en incapacidad y periodo de tiempo**

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| **RECTOR O DIRECTOR** | **REVISIÓN** | **NOMINA** |

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| **JUSTIFICACION** | | | |
| **GENERAL** | **JORNADA UNICA** | **ADULTOS - CLEI** | **INCAPACIDAD** |
| * LICENCIA POR LUTO * LICENCIA NO REMUNERADA * LICENCIA DISFRUTE DE VACACIONES * COMISION SINDICAL * COMPLEMENTO ASIGNACION ACADEMICA * RENUNCIA * AMPLIACION DE COBERTURA | JORNADA UNICA | CLEI | NOMBRE DEL DOCENTE Y PERIODO DE LA LICENCIA  EJ.:  María Cristina Mendoza-  15/08/21 a 28/08/21 |

LICENCIA POR LUTO = L. L. LICENCIA NO REMUNERADA = L. NO R. LICENCIA DISFRUTE DE VACACIONES = L.D.V. COMISION SINDICAL = C.S.

COMPLEMENTO ASIGNACION ACADEMICA = C.A.A. RENUNCIA = R. TRASLADO = T. AMPLIACION DE COBERTURA = A.C.