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| membrete oficio-01 | **SECRETARIA DE EDUCACION MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **5.0** | **PAG. DE**  **1 1** |
| **REPORTE HORAS EXTRAS**  **1.- GENERAL** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F02** | |

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

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| **No.** | **NOMBRES** | **CEDULA** | **INSTITUCION EDUCATIVA DONDE ESTA ASIGNADO** | **HORAS EXTRAS** | | **OBSERVACIONES** |
| **TOTAL**  **DIURNAS**  **SEMANAL** | **TOTAL**  **DIURNAS**  **MENSUAL** |
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| **RECTOR O DIRECTOR** | **REVISIÓN** | **NÓMINA** |

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| membrete oficio-01 | **SECRETARIA DE EDUCACION MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **5.0** | **PAG. DE**  **1 1** |
| **REPORTE HORAS EXTRAS**  **2.- JORNADA UNICA** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F02** | |

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

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| **No.** | **NOMBRES** | **CEDULA** | **INSTITUCION EDUCATIVA DONDE ESTA ASIGNADO** | **HORAS EXTRAS** | | **OBSERVACIONES** |
| **TOTAL**  **SEMANAL DIURNAS** | **TOTAL**  **MENSUAL DIURNAS** |
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| **RECTOR O DIRECTOR** | **REVISIÓN** | **NÓMINA** |

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| membrete oficio-01 | **SECRETARIA DE EDUCACION MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **5.0** | **PAG. DE**  **1 1** |
| **REPORTE HORAS EXTRAS**  **3.- EDUCACION DE ADULTOS - CLEI** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F02** | |

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

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| **No.** | **NOMBRES** | **CEDULA** | **INSTITUCION EDUCATIVA DONDE ESTA ASIGNADO** | **HORAS EXTRAS** | | | | | | | **OBSERVACIONES** |
| **SEMANAL** | | | **MENSUAL** | | | **TOTAL**  **MES** |
| **D** | **N** | **S** | **D** | **N** | **S** |
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**HORAS EXTRAS: D: Diurnas. N: Nocturnas. S: Sabado**

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| **RECTOR O DIRECTOR** | **REVISIÓN** | **NÓMINA** |

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| membrete oficio-01 | **SECRETARIA DE EDUCACION MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **5.0** | **PAG. DE**  **1 1** |
| **REPORTE HORAS EXTRAS**  **4.- INCAPACIDADES** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F02** | |

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

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| **No.** | **NOMBRES** | **CEDULA** | **INSTITUCION EDUCATIVA DONDE ESTA ASIGNADO** | **HORAS EXTRAS** | | **NOMBRE DEL DOCENTE / DIRECTIVO EN INCAPACIDAD** |
| **TOTAL**  **SEMANAL DIURNAS** | **TOTAL**  **MENSUAL DIURNAS** |
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| **RECTOR O DIRECTOR** | **REVISIÓN** | **NÓMINA** |