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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** |