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|  | **SECRETARÍA DE EDUCACIÓN MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **6.0** | **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:** | **INSTITUCIÓN EDUCATIVA:** |

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| **No.** | **APELLIDOS Y NOMBRES** | **N° DE CÉDULA** | **TOTAL DE HORAS EXTRAS MENSUAL** | **OBSERVACIONES**  (Justificación)  (Nombre docente en novedad)  (N° radicado SAC-solicitud) |
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| **RECTOR O DIRECTOR** | **TALENTO HUMANO** | **NÓMINA** |

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| membrete oficio-01 | **SECRETARÍA DE EDUCACIÓN MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **6.0** | **PAG. DE**  **1 1** |
| **REPORTE HORAS EXTRAS**  **2.- JORNADA ÚNICA** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F02** | |

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

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| **No.** | **APELLIDOS Y NOMBRES** | **N° DE CÉDULA** | **TOTAL DE HORAS EXTRAS MENSUAL** | **OBSERVACIONES**  (N° radicado SAC-solicitud) |
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| **RECTOR O DIRECTOR** | **TALENTO HUMANO** | **NÓMINA** |

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| membrete oficio-01 | **SECRETARÍA DE EDUCACIÓN MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **6.0** | **PAG. DE**  **1 1** |
| **REPORTE HORAS EXTRAS**  **3.- EDUCACIÓN DE ADULTOS - CLEI** | **CODIGO:**  **F-GSEP-4300-163,07-H06.01.F02** | |

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

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| **No.** | **APELLIDOS Y NOMBRES** | **N° DE CÉDULA** | **TOTAL DE HORAS EXTRAS MENSUAL** | | | **OBSERVACIONES**  (N° radicado SAC-solicitud) |
| **D** | **N** | **S** |
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**HORAS EXTRAS: D: Diurnas. N: Nocturnas. S: Sábado**

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| **RECTOR O DIRECTOR** | **TALENTO HUMANO** | **NÓMINA** |

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| membrete oficio-01 | **SECRETARÍA DE EDUCACIÓN MUNICIPAL**  **DE BUCARAMANGA** | **VERSION**  **6.0** | **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:** | **INSTITUCIÓN EDUCATIVA:** |

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| **No.** | **APELLIDOS Y NOMBRES** | **N° DE CÉDULA** | **TOTAL DE HORAS EXTRAS MENSUAL** | **NOMBRE DEL DOCENTE / DIRECTIVO EN INCAPACIDAD**  (N° radicado SAC-solicitud)  (Fecha) |
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| **RECTOR O DIRECTOR** | **TALENTO HUMANO** | **NÓMINA** |