

**FORMATO DE CHEQUEO TURNO DE QUINCE DIAS**  
**For-CTQD-06-02/03-15**

PROCESO: Gestión de Talento Humano  
 PROCEDIMIENTO: Control y Programación de Turnos



Modelo Mejora Continúa

UNIDA: \_\_\_\_\_  
 SEMANA DEL: \_\_\_\_\_ AL \_\_\_\_\_ DE \_\_\_\_\_ DEL \_\_\_\_\_

| No | ACTIVIDADES | APRENDIZ 1 |   |   |   |   |   |   |   |   |   |   |   |   |   | APRENDIZ 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----|-------------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|    |             | V          | S | D | L | M | M | J | V | S | D | L | M | M | J | V          | V | S | D | L | M | M | J | V | S | D | L | M | M | J |
| 1  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 12 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 13 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 14 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 15 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 16 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 17 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 18 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 19 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 20 |             |            |   |   |   |   |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

APRENDIZ 1  
 NOMBRE: \_\_\_\_\_ CÓDIGO: \_\_\_\_\_ PROG. DE FORMACIÓN: \_\_\_\_\_  
 FIRMAS DE ASISTENCIA  
 viernes sábado domingo lunes martes miércoles jueves viernes sábado domingo lunes  
 martes miércoles jueves viernes

APRENDIZ 2  
 NOMBRE: \_\_\_\_\_ CODIGO: \_\_\_\_\_ PROGRAMA DE FORMACIÓN: \_\_\_\_\_  
 FIRMAS DE ASISTENCIA  
 viernes sábado domingo lunes martes miércoles jueves viernes sábado domingo lunes  
 martes miércoles jueves viernes

OBSERVACIONES

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REVISO: \_\_\_\_\_ APROBÓ: \_\_\_\_\_