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| **DATOS DEL SOLICITANTE** | | | | | | | | | | | | | | | | | |
| **Nombre Completo:** | | | | |  | | | | | | | | | | | | |
| **Puesto que Ocupa:** | | | | |  | | | | | | | | | | | | |
| **Nombre del Jefe Inmediato:** | | | | |  | | | | | | | | | | | | |
| **Cargo del Jefe Inmediato:** | | | | |  | | | | | | | | | | | | |
| **Fecha de solicitud:** | | | | |  | | | | | | | | | | | | |
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| **SOLICITUD DE HORAS** | | | | | | | | | | | | | | | | |  |
| **0.5** | | **1** | | **2** | | **3** | | **MOTIVO** | | | | | | | | | |
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| \*Más de 3 horas aplica medio día a cuenta de vacaciones o día completo | | | | | | | | | | | | | | | | | |
| **SOLICITUD DE DIAS** | | | | | | | | | | | | | | | | |  |
| **De la Fecha** | | | | **A la Fecha** | | | | | **Cantidad de Días** | | | | **Motivo** | | | | |
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| **TOTAL** | | | | | | | | |  | | | |  | | | | |
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| Otros, Especificar: | | |  | | | | | | | | | | | | | | |
| * A cuenta de vacaciones | | | | | | | | | | * Ausente Sin goce de sueldo | | | | | | | |
| * Ausente Con goce de sueldo | | | | | | | | | | * Repondrá tiempo | | | | | |  | |
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| * Ausente Con Goce de Sueldo: | | | | | | | | | | | | | | | | | |
| Fallecimiento: 3 días (conyugue, conviviente, padres, hermanos o hijos) (adjuntar constancia) | | | | | | | | | | | | | | | Cita médica - IGSS (adjuntar constancia) | | |
| Nacimiento de Hijo (a): 2 días (aplica para papás) (adjuntar constancia) | | | | | | | | | | | | | | | Citaciones Judiciales (adjuntar constancia) | | |
| Matrimonio: 5 días (adjuntar constancia) | | | | | | | | | | | | | | | Reposición de asueto o feriado | | |
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| **FIRMAS** | | | | | | | | | | | | | | | | | |
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| **FIRMA DEL SOLICITANTE** | | | | | | | **AUTORIZADO JEFE INMEDIATO** | | | | | | | **APROBADO RECURSOS HUMANOS** | | | |