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|  | **FORMATO DE REQUERIMIENTO**  **DE PERSONAL** | **CÓDIGO: FR-TB-GDT-01** |
| **VERSIÓN: 1** |
| **FECHA: 31-10-2023** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **DATOS GENERALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Área: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solicitado por: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha de solicitud: | | | | | | | | | | DD / MM / AAAA | | | | | | | | | | | | Fecha requerida de inicio: | | | | | | DD / MM / AAAA | | | |
| **ESPECIFICACIONES DE LA VACANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre puesto vacante: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Motivo de la vacante: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Creación de puesto de trabajo | | | | | | | | | | | | | | | | | Despido o Renuncia | | | | | | | | Otro , ¿cuál? | | | |  | | |
| Funciones: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo de Contrato** | | | | | | | | | | Indefinido | | | | | | | | Fijo | | | | ¿Cuánto tiempo? | | | | |  | | | | |
| Prestación de servicios | | | | | | | | | | | | | Otro  , ¿cuál? | | | |  | | | | |
| Ingreso Mensual | | | | | | | | | | | $ | | | | | | | | | | |
| **REQUISITOS DEL ASPIRANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estudios: | | |  | | | | | | | | | | | | | | | | | | | | | Experiencia mínima: | | | | | | |  |
| Competencias: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Idiomas | | No | | | | | | | Si | | | | ¿Cuál? | | | | | |  | | | | | | | | | | | | |
| Manejo de sistemas | | | | | | | | | | | No | | | | | Si | | | | ¿Cuál? | | |  | | | | | | | | |
| Otro, ¿cuál?: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HERRAMIENTAS QUE EL PUESTO REQUIERE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Celular | | | | Computador | | | | | | | | | | Escritorio | | | | | | | | Impresora | | | | Otro  , ¿cuál? | | | |  | |

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Firma del solicitante

Cargo:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma de quien autoriza

Nombre:

Cargo:

Fecha de autorización: DD / MM / AAAA\_