/9O

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FORMULARIO DE SOLICITUD DE LICENCIAS Y PERMISOS DOCENTES** | | | | | | | | | | | | | | | | | | | | |
| Apellidos y Nombres: | | | |  | | | | | | | | | | | Cédula. N°: | | |  | | |
| Tutor de aula: | | | |  | | | | | | | | | | | | | | | | |
| Jornada: | | |  | | | | | | | | | | Número Celular: | | | |  | | | |
| **Fecha de solicitud**: | | | | **Fecha permiso**: | | | | | | | | | | | | | | | | |
| **PERMISO:** ASUNTO | | | | | | (Mínimo con 48h antes) | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
|  | | Particular | | | |  | Cita médica | | |  |  | Otros: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  |  |
|  | | Comisión Oficial | | | |  | INFORMACION EXTRA: …………………………………………………………. | | | | | | | | | | | | | |
| **LICENCIA:** ASUNTO:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Matrimonio o Unión de Hecho | | |  |  | Cuidado de Familiar con discapacidad | | | |  | |  |  |  |  |  |  |  |  |  |  | |  | Calamidad Doméstica | |  |  | Enfermedad/ Reposo | | | |  | |  |  |  |  |  |  |  |  |  |  | |  |  | Maternidad y/o Paternidad |  |  | Cuidado del recién nacido | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Ausencia aproximada en Horas o Días:** | | | | | | | | |  | | | | | | | | | | | |
| Fecha: | DESDE: HASTA: | | | | | | | | | | | | | Hora Salida: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Hora Retorno: | |  | | | | |
| Firma del servidor (a) : | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Firma y Sello de Inspección/ Encargado : **RECIBIDO** | | | | | |  | | | | | | | | | | | | | | |
| Firma y Sello de RECTORADO/**APROBADO** : | | | | | | | |  | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Observaciones Generales Inspección:**  En caso de dejar reemplazo especificar. |  |

**SECRETARIA** -Respaldos de permiso recibidos por:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FORMULARIO DE SOLICITUD DE LICENCIAS Y PERMISOS DOCENTES** | | | | | | | | | | | | | | | | | | | | |
| Apellidos y Nombres: | | | |  | | | | | | | | | | | Cédula. N°: | | |  | | |
| Tutor de aula: | | | |  | | | | | | | | | | | | | | | | |
| Jornada: | | |  | | | | | | | | | | Número Celular: | | | |  | | | |
| **Fecha de solicitud**: | | | | **Fecha permiso**: | | | | | | | | | | | | | | | | |
| **PERMISO:** ASUNTO | | | | | | (Mínimo con 48h antes) | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
|  | | Particular | | | |  | Cita médica | | |  |  | Otros: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  |  |
|  | | Comisión Oficial | | | |  | INFORMACION EXTRA: ………………………………………………………………… | | | | | | | | | | | | | |
| **LICENCIA:** ASUNTO:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Matrimonio o Unión de Hecho | | |  |  | Cuidado de Familiar con discapacidad | | | |  | |  |  |  |  |  |  |  |  |  |  | |  | Calamidad Doméstica | |  |  | Enfermedad/ Reposo | | | |  | |  |  |  |  |  |  |  |  |  |  | |  |  | Maternidad y/o Paternidad |  |  | Cuidado del recién nacido | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Ausencia aproximada en Horas o Días:** | | | | | | | | |  | | | | | | | | | | | |
| Fecha: | DESDE: HASTA: | | | | | | | | | | | | | Hora Salida: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Hora Retorno: | |  | | | | |
| Firma del servidor (a) : | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Firma y Sello de Inspección/ Encargado : **RECIBIDO** | | | | | |  | | | | | | | | | | | | | | |
| Firma y Sello de RECTORADO /**APROBADO**: | | | | | | | |  | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Observaciones Generales Inspección:**  En caso de dejar reemplazo especificar. |  |

**SECRETARIA** -Respaldos de permiso recibidos por: