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|  | **Formato Horas Bienestar Centro de Diseño y Metrología** |  |

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| **Nombre del Aprendiz** | |  | | | | | |
| **No. Ficha** | |  | | | **Fecha inicio formación** |  | |
| **Programa de Formación** | |  | | | | | |
| **Número de Documento** | |  | | | | | |
| **FECHA** | **NOMBRE DE LA ACTIVIDAD** | | **NÚMERO DE HORAS** | **NOMBRE DEL RESPONSABLE** | | | **FIRMA DEL RESPONSABLE** |
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| **TOTAL HORAS** | | |  |  | | |  |

Documento Facilitativo