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| **AUTORIZACION DE INGRESO DE PERSONAL** | | | | | |
| **FECHA** | **NOMBRES Y APELLIDOS** | **HORA DE INGRESO** | **HORA DE SALIDA** | **PERSONA QUE AUTORIZA** | **CARGO** |
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| Descripción de la actividad a Realizar dentro de la Institución | | | | | |
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| firma1 | | | | | |
| **CÉSAR AUGUSTO CEBALLOS GONZÁLEZ** | | | | | |
| RECTOR PROFESIONAL | | | | | |