

FUNDACIÓN INTEGRA  
 Diag. Pedro Aguirre Cerda 1225  
 70574900-0

LIQUIDACION DE REMUNERACIONES  
 Febrero, 2024

|                           |             |                         |                                     |                   |                         |                    |
|---------------------------|-------------|-------------------------|-------------------------------------|-------------------|-------------------------|--------------------|
| 0801 , DEL BIOBIO         |             |                         | Transferencia Bancaria              |                   | Febrero, 2024           |                    |
| Empresa                   |             |                         | Modalidad de Pago                   |                   | Periodo de Remuneración |                    |
| 12.561.351-9              |             |                         | ORIELE ELIZABETH ALEGRIA ALTAMIRANO |                   |                         |                    |
| R.U.T                     |             |                         | Nombre Trabajador                   |                   |                         |                    |
| 01.11.2007                |             | AFP CAPITAL             |                                     | FONASA            |                         | 7%                 |
| Fecha Contrato            |             | Institución Previsional |                                     | Institución Salud |                         | Monto Plan         |
| 30,00                     | 1.430.211   | 1.843.252               | 1.503.356                           |                   | 02                      | 2                  |
| Días trabajados           | Sueldo Base | Total Imponible         | Total Tributable                    |                   | Tramo Imp.Unico         | Cargas Autorizadas |
|                           |             |                         |                                     |                   |                         |                    |
| HABERES                   |             |                         | DESCUENTOS                          |                   |                         |                    |
| Sueldo Proporcional       |             | 1.430.211               | 7% Salud                            |                   | 7,00                    | 129.028            |
| Movilización              |             | 24.000                  | Impuesto sobre la renta             |                   | 4,00                    | 25.389             |
| Asignación Zona           |             | 57.208                  | Sindicato N°2                       |                   | 0,50                    | 7.151              |
| Asig. Colación Desayuno   |             | 4.000                   | Seguro Vida CCAF                    |                   |                         | 9.293              |
| Bono Ext. Horaria.        |             | 37.057                  | Desc.De Sueldo                      |                   |                         | 102                |
| Bono S.A.C.I.             |             | 80.100                  | Aporte Bienestar                    |                   | 1,40                    | 20.023             |
| Bono Sala Cuna            |             | 33.688                  | Cuota Participación                 |                   |                         | 34.300             |
| Antigüedad                |             | 7,50 107.266            | Fondo pensiones                     |                   | 10,00                   | 184.325            |
| Complemento Adic.Uniforme |             | 52.722                  | Comisión AFP                        |                   | 1,44                    | 26.543             |
| Bono de Gestión Educativa |             | 45.000                  | APV Reg. A (Bonif Fiscal)           |                   |                         | 30.000             |
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Sobregiro

| CONCEPTO               | FORMULA                                      |
|------------------------|--|
| Bono Extensión Horaria | Bono Extensión Horaria /30 x Días Trabajados |
|                        | 37.057 / 30 x30.00 = 37.057                  |
| Bono Sala Cuna         | Bono Sala Cuna /30 x Días Trabajados         |
|                        | 33.688 / 30 x30.00 = 33.688                  |