



NOMBRE DE LA COMPAÑÍA: \_\_\_\_\_  
 FECHA: DEL \_\_\_\_AL \_\_\_\_MES: \_\_\_\_\_ AÑO: \_\_\_\_\_ SEM: \_\_\_\_\_

| No. | NOMBRE DEL TRABAJADOR | No. DEL IMSS | TURNO ASIGNADO | LUNES | MARTES | MIERCOLES | JUEVES | VIERNES | SABADO | DOMINGO |
|-----|-----------------------|--------------|----------------|-------|--------|-----------|--------|---------|--------|---------|
| 1   |                       |              |                |       |        |           |        |         |        |         |
| 2   |                       |              |                |       |        |           |        |         |        |         |
| 3   |                       |              |                |       |        |           |        |         |        |         |
| 4   |                       |              |                |       |        |           |        |         |        |         |
| 5   |                       |              |                |       |        |           |        |         |        |         |
| 6   |                       |              |                |       |        |           |        |         |        |         |
| 7   |                       |              |                |       |        |           |        |         |        |         |
| 8   |                       |              |                |       |        |           |        |         |        |         |
| 9   |                       |              |                |       |        |           |        |         |        |         |
| 10  |                       |              |                |       |        |           |        |         |        |         |
| 11  |                       |              |                |       |        |           |        |         |        |         |
| 12  |                       |              |                |       |        |           |        |         |        |         |
| 13  |                       |              |                |       |        |           |        |         |        |         |
| 14  |                       |              |                |       |        |           |        |         |        |         |
| 15  |                       |              |                |       |        |           |        |         |        |         |

\_\_\_\_\_  
 RESPONSABLE DEL TRABAJADOR

\_\_\_\_\_  
 RESPONSABLE COMPAÑÍA  
 CONTRATISTA

\_\_\_\_\_  
 DEPARTAMENTO DE SEGURIDAD  
 PATRIMONIAL/CONTRATISTA