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| --- | --- | --- | --- | --- | --- | --- |
| **Nombre del empleado:** | | | |  | | |
|  | | | | | | |
| **Departamento:** | |  | | | | |
|  | | | | | | |
| **# de semana:** |  | | | | | |
|  | | | | | | |
| **Horas extras** | | | | | | **Justificación** |
| **Fecha** | | | **No. de horas laboradas** | | **Firma** |
|  | | |  | |  |  |
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|  | | |  | |  |  |
| **Total de horas extras laboradas** | | |  | |  | |

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**Jefe de departamento**