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| Fecha: |  | | | | | |
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| Nombre del trabajador: | | |  | | | |
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| Departamento: | |  | | | | |
|  | | | | | | |
| Fecha o fechas que solicita: | | | |  | | |
|  | | | | | | |
| Día o días que solicita: | | |  | | | |
|  | | | | | | |
| Tipo del permiso | | | | | | |
|  | | | | | | |
| Observaciones: | |  | | | | |
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| Días de enfermedad | | | | | | |
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| Cuenta de vacaciones | | | | |  |
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Trabajador Autorizó

Supervisor del Departamento

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Validó

Encargado Recursos Humanos