

FORMATO LISTA DE ASISTENCIA

Código: F-GH-010
Actualización: 26/08/2024
Versión: 003
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| Fecha: | 2025-10-30 | | | |
|-----------------|-----------------------|-----------------------|-------|--|
| Tema: | Prueba | | | |
| Responsable: | Kevin Rivas | | | |
| Cargo: | auxikiar sistemas | | | |
| Modalidad: | Presencial Presencial | Sede: | 5 | |
| Hora de inicio: | 14:41 | Hora de Finalización: | 16:40 | |

| No. | Nombre Completo | Cargo | Firma |
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