**DR. JOSÉ GUILLERMO ADAME CALDERÓN,**

FOLIO:

**SECRETARIO DE EDUCACIÓN DEL ESTADO,**

**PRESENTE.**

## DATOS DEL SUSTITUÍDO

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| Nombre: | {{Nombre\_Titular}} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURP: | {{CURP\_Titular}} | | | | | | | | | | | | | | | | | | RFC: | | | {{RFC\_Titular}} | | | | | | | | | | | | |
| Nivel educativo: | | | | EDUCACION ESPECIAL | | | | | | | | | | | | | | | Número de horas: | | | | | | | | |  | | | | | | |
| Categoría o puesto: | | | | | | {{Categoria\_Titular}} | | | | | | | | | | | | | Asignatura: | | | | | | | |  | | | | | | | |
| Clave (s) presupuestal: | | | | | | | | {{Presupuestal\_Titular}} | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre del CT: | | | | | {{Nombre\_CT}} | | | | | | | | | | | | | Turno: | | | | | | {{Turno}} | | | | | | | Horario: | |  | |
| Clave del CT: | | | {{Clave\_CT}} | | | | | | | | | Zona económica: | | | | | {{Z\_economica}} | | | | Zona escolar: | | | | | | | | {{Z\_Escolar}} | | | Sector: | |  |
| Domicilio: | | {{Domicilio\_CT}} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | {{Poblacion}}, DGO. | | | | | | | | | | | | | | | | | | Pagaduría: | | | | |  | | | | | | | | | |
| Tipo de movimiento: | | | | | | | {{T\_Movimiento}} | | | | | | | | Efectos desde: | | | | | | | | {{Efecto\_1}} | | | | | | | Hasta: | | {{Efecto\_2}} | | |
| Documentación anexa: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Descuentos personales: | | | | | | | | | |  | Si | |  | No | | Tipo de descuento: | | | | | | | | | |  | | | | | | | | |

**OBSERVAC****IONES:** CON EL NO. {{No\_Prel}} Y FOLIO {{Folio\_Prel}} DE LA RELACION {{Tipo\_Val}}

Atentamente,

Victoria de Durango, Dgo., a {{F\_Hoy}}

**DRA. LUZ MARIA DEL PILAR VERGARA MONTELONGO,**

**JEFA DEL DEPARTAMENTO DE EDUCACION ESPECIAL**

Vo. Bo. del Nivel Educativo

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| **ENTIDAD:** | **SECRETARÍA DE EDUCACIÓN** | | **ENTIDAD:** | **DURANGO** |  | **U.D.** | **{{U\_D}}** |  | **ZONA:** | **{{Z\_Escolar}}** |  | **FOLIO:** |  |
| **{{Paterno}}** | | **{{Materno}}** | | | **{{Nombre}}** | | | |  | | **R.F.C. :** | {{RFC\_Interino}} | |
| **APELLIDO PATERNO** | | **APELLIDO MATERNO** | | | **NOMBRE(S)** | | | |  | |  | | |
| **DOMICILIO:** | **{{Dom\_Particular}} {{Poblacion\_Interino}} C.P. {{C\_P\_Interino}}** | | | | | | | | | | | | |

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| SOLICITA SE LE AUTORICE LA COMPATIBILIDAD DE LOS SIGUIENTES EMPLEOS Y/O CONTRATOS. | | | | | | | | | | | | | | | | | |  | | |  |  |  | | |  |  | |
| **NOMBRE DE LOS EMPLEOS** | | | **UNIDAD DE ADSCRIPCIÓN, NOMBRE, CLAVE** | | | | | | | | | **FECHA DE ALTA** | | | | | | **TIPO** | | | **PARTIDA** | | | | | **HORARIOS Y TIEMPO** | | |
| **O CONTRATOS** | | |  | | | | | | | | | **DIA** | | **MES** | | **AÑO** | | **DE NOMB.** | | | **Y CLAVE** | | | | | **DE TRASLADO** | | |
| **{{Categoria\_Titular}}** | | | **{{Nom\_CTCompleto}}** | | | | | | | | | **{{I\_Dia}}** | | **{{I\_Mes}}** | | **{{I\_Ano}}** | |  | | |  | | | | | **LUNES A VIERNES** | | |
|  | | | {{Domicilio\_CT}} | | | | | | | | |  | | **AL** | |  | | **{{Codigo\_Interino}}** | | | **{{Presupuestal\_Interino}}** | | | | | **{{Horario}}** | | |
|  | | | {{Poblacion}}, DGO. | | | | | | | | | **{{F\_Dia}}** | | **{{F\_Mes}}** | | **{{F\_Ano}}** | |  | | |  | | | | |  | | |
|  | | | **C.T.** {{Clave\_CT}} | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
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| **Durango, Dgo., a {{F\_Hoy}}** | | | | | |  | | | |  | **Vo. Bo.** |  | |  | |  | |  | | |  |  |  | | |  |  | |
|  | |  | |  |  | | | | **VALIDA** | | |  | | |  | |  | |  | **{{Nombre\_Interino}}** | | | | | | | | | |
|  |  |  | |  |  | |  |  |  | | |  |  | |  | |  | |  | **NOMBRE Y FIRMA DEL INTERESADO** | | | | | | | | | |
|  |  |  | |  |  | | **L.A. LIZETTE NEVÁREZ CARRERA** | | | | | | | |  | |  | |  |  | | | |  |  | | |  | |
| **AUTORIZA** | | | |  |  | | **SUBDIRECTORA DE PERSONAL ESTATAL** | | | | | | | |  | |  | |  | **CERTIFICA** | | | | | | | | | |
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| **DRA. LUZ MARIA DEL PILAR VERGARA MONTELONGO** | | | | |  | |  | | | | | | | |  | |  | |  |  | | | |  |  | | |  | |
| **JEFA DEL DEPTO. DE EDUC. ESPECIAL** | | | | |  | | **L. A. OLIMPIA YOLANDA MENA SAUCEDO** | | | | | | | |  | |  | |  | **L. I. MINERVA HERRERA CAMARGO** | | | | | | | | | |
| **NOMBRE, FIRMA Y SELLO DEL** | | | | |  | |  |  | **SUBDIRECTORA DE PERSONAL FEDERAL** | | |  |  | |  | |  | |  | **DIRECTORA DE RECURSOS HUMANOS** | | | | | | | | | |
| **RESPONSABLE DEL NIVEL EDUCATIVO** | | | | |  | |  |  |  | | |  |  | |  | |  | |  |  | | | |  |  | | |  | |

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| **MOVIMIENTO POR INCIDENCIA** | | | | | | | | |
| **NOMBRE DEL TRABAJADOR** | **INCIDENCIA** | **C.C.T.** | **FUNCIÓN QUE DESEMPEÑA** | **CATEGORIA HORAS ó PLAZA** | **ASIGNATURA(S)** | **EFECTOS** | **No. PRELACIÓN** | **OBSERVACIONES** |
| {{Nombre\_Titular}} | {{T\_Movimiento}} | {{Clave\_CT}} | {{Funcion\_Interino}} | {{Categoria\_Titular}}  {{Presupuestal\_Titular}} |  | {{Efecto\_1}}  AL  {{Efecto\_2}} | {{No\_Prel}} | FOLIO {{Folio\_Prel}}  {{Tipo\_Val}} |
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| **NOMBRE DEL TRABAJADOR** | **INCIDENCIA** | **C.C.T.** | **FUNCIÓN QUE DESEMPEÑA** | **CATEGORIA HORAS. ó PLAZA** | **ASIGNATURA (S)** | **EFECTOS** | **No. PRELACIÓN** | **OBSERVACIONES** |  |
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| COMENTARIOS: SE ANEXA COPIA DEL TITULO COTEJADO, PERFIL, COPIA DEL OFICIO DE ASIGNACIÓN DE VACANTE TEMPORAL. |
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Victoria de Durango, Dgo., a {{F\_Hoy}}

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| DRA. LUZ MARIA DEL PILAR VERGARA MONTELONGO |  | DR. JESUS MANUEL LUNA ESPINOZA |
| JEFA DEL DEPTO. DE EDUC. ESPECIAL |  | DIRECTOR DE PLANEACIÓN Y EVALUACIÓN |

Valida Estructura Ocupacional

**DIRECCIÓN DE EDUCACIÓN BÁSICA “A”**

**DEPARTAMENTO DE EDUCACIÓN ESPECIAL**

**OFICIO DEE****/{{F\_OfPres}}/2025**

ASUNTO: **OFICIO DE PRESENTACIÓN LABORAL.**

Victoria de Durango, Dgo., a {{F\_Hoy}}

**C. {{Nombre\_Interino}}**

**FILIACIÓN: {{RFC\_Interino}},**

**CLAVE PRESUPUESTAL:**

**{{Presupuestal\_Interino}},**

**P R E S E N T E.**

Con la categoría de {{Categoria\_Titular}}, le notifico que a partir de esta fechadeberá presentarse en el {{Nom\_CTCompleto}} con clave de centro de trabajo {{Clave\_CT}},turno {{Turno}} con sede en {{Domicilio\_CT}}, {{Poblacion}}, DGO. ,donde desempeñará las funciones de {{Funcion\_Interino}}.

Exhortándole para que en esta responsabilidad se desempeñe con entusiasmo y dedicación y al tomar posesión del cargo, deberá notificarlo por escrito a estas oficinas no excediendo de 72 Hrs., con el visto bueno de la autoridad inmediata superior.

**NOTA:** {{T\_Movimiento}} CON EFECTOS DEL {{Efecto\_3}} AL {{Efecto\_4}}EN LA TOMA DE POSESION DEBERA REGISTRAR ESCUELA, GRADO Y GRUPO QUE ATENDERA.

A T E N T A M E N T E ,

**DRA. LUZ MARIA DEL PILAR VERGARA MONTELONGO,**

**JEFA DEL DEPARTAMENTO DE EDUCACIÓN ESPECIAL.**

c.c.p.:C. L.I. MINERVA HERRERA CAMARGO. – Directora de Recursos Humanos.

c.c.p. C.{{P\_Sup}} {{Supervisor}}.- Supervisor(a) de Zona Escolar

c.c.p.:C. .{{P\_Dir}} {{Director}}.- Director(a) del C.T.

c.c.p. MINUTARIO.

LMDPVM/jjca

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| **NO.** | **N O M B R E** | **SUSTITUYE A:** | **TIPO DE MOVIMIENTO** |
| 1.- | {{Nombre\_Interino}} | {{Nombre\_Titular}} | {{T\_Movimiento}} |
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DRA. LUZ MARIA DEL PILAR VERGARA MONTELONGO FECHA DE ELABORACIÓN: **A** **{{F\_Hoy}}**

FIRMA DE RESPONSABLE