**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: | | | | | | | | | |  | | | | | | | | |

**DATOS DE LA PERSONA PROPUESTA PARA FILIACIÓN**

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| Nombre: | [Nombre\_Interino] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURP: | [CURP\_Interino] | | | | | | | | | | | | RFC: | | [RFC\_Interino] | | | | | | | | | | | | |
| Estado civil: | | | | |  | | Casado (a) | |  | Viudo (a) | | | |  | Divorciado (a) | | | | | | | X | Soltero (a) | | | | |
| Domicilio: | | [Dom\_Particular] C.P. [C\_P\_Interino] | | | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | [Poblacion\_Interino], [Telefono\_Interino] | | | | | | | | | | Pagaduría: | | | | |  | | | | | | | | | | |
| Nivel de estudios: | | | | | |  | | | | | Lugar de nacimiento: | | | | | | |  | | | | | | | | | |
| Clave (s) presupuestal: | | | | | | | [Presupuestal\_Interino] | | | | | | | | | | | | | | | | | | | | |
| Asignatura: | |  | | | | | | | | | | | | | | | | Número de horas: | | | | | | | |  | |
| **DESCRIPCION DE MOVIMIENTO A CUBRIR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documentación anexa para el trámite de filiación: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | X | Acta de Nacimiento | X | CURP | X | Certificado médico | X | Carta de no antecedentes penales | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | X | Comprobante de estudios |  |  | Cartilla del servicio militar | X | Compatibilidad | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tipo de movimiento: | | | | | | [Resultado\_Alta] | | | | | | Efectos desde: | | | | [Efecto\_3] | | | | | Hasta: | | | | [Efecto\_4]  dd/mm/aa | | |
| Clave del CT: | | | [Clave\_CT] | | | | | Zona económica: | | | | [Z\_economica] | | | Zona escolar: | | | | | [Z\_Escolar] | | | | Sector: | | |  |
| Nombre del CT: | | | | [Nombre\_CT] | | | | | | | | | | | | | | | | | | | | | | | |
| Domicilio: | | | | [Domicilio\_CT] | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | [Poblacion], DGO. | | | | | | | | | | | | | Pagaduría: | | | |  | | | | | | | | |
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**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] |  |  |
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| **NOMBRE DEL TRABAJADOR** | **INCIDENCIA** | **C.C.T.** | **FUNCIÓN QUE DESEMPEÑA** | **CATEGORIA HORAS. ó PLAZA** | **ASIGNATURA (S)** | **EFECTOS** | **No. PRELACIÓN** | **OBSERVACIONES** |  |
| [Nombre\_Interino] | [Resultado\_Alta] | [Clave\_CT] | [Funcion\_Interino] | [Categoria\_Titular]  [Presupuestal\_Interino] |  | [Efecto\_3]  AL  [Efecto\_4] | [No\_Prel] | FOLIO [Folio\_Prel]  [Tipo\_Val] |  |
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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:** CUBRE [T\_Movimiento] DE C. [Nombre\_Titular] 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