**DR. JOSÉ GUILLERMO ADAME CALDERÓN,**

FOLIO:

**SECRETARIO DE EDUCACIÓN DEL ESTADO,**

**PRESENTE.**

## DATOS DEL INTERESADO

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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] | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | 99-99-99 | | |
| Documentación anexa: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Descuentos personales: | | | | | | | | | |  | Si | |  | No | | Tipo de descuento: | | | | | | | | | |  | | | | | | | | |

**OBSERVAC****IONES:**

Atentamente,

Victoria de Durango, Dgo., a

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

**JEFA DEL DEPARTAMENTO DE EDUCACION ESPECIAL**

Vo. Bo. del Nivel Educativo

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

FIRMA DE RESPONSABLE