**DR. JOSÉ GUILLERMO ADAME CALDERÓN,**

FOLIO:

**SECRETARIO DE EDUCACIÓN DEL ESTADO,**

**PRESENTE.**

## DATOS DEL SUSTITUÍDO

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre: | OCTAVIO MARÍN FAVELA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURP: | MAFO740605HDGRVC01 | | | | | | | | | | | | | | | | | | RFC: | | | MAFO740605198 | | | | | | | | | | | | |
| Nivel educativo: | | | | EDUCACION ESPECIAL | | | | | | | | | | | | | | | Número de horas: | | | | | | | | |  | | | | | | |
| Categoría o puesto: | | | | | | PROFESOR DE ADIESTRAMIENTO DE SECUNDARIA TECNICA, FORANEO. | | | | | | | | | | | | | Asignatura: | | | | | | | |  | | | | | | | |
| Clave (s) presupuestal: | | | | | | | | 071004E046505.0800019 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del CT: | | | | | CENTRO DE ATENCIÓN MULTIPLE SANTIAGO PAPASQUIARO | | | | | | | | | | | | | Turno: | | | | | | Matutino | | | | | | | Horario: | |  | |
| Clave del CT: | | | 10DML0021Z | | | | | | | | | Zona económica: | | | | | III | | | | Zona escolar: | | | | | | | | 6 | | | Sector: | |  |
| Domicilio: | | PROL. AV. VALLE DEL TAGARETE S/N FRACC. PROFORMEX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | SANTIAGO PAPASQUIARO, DGO. | | | | | | | | | | | | | | | | | | Pagaduría: | | | | |  | | | | | | | | | |
| Tipo de movimiento: | | | | | | | LIC. POR COM. SINDICAL | | | | | | | | Efectos desde: | | | | | | | | 01/09/2025 | | | | | | | Hasta: | | 30/09/2025 | | |
| Documentación anexa: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Descuentos personales: | | | | | | | | | |  | Si | |  | No | | Tipo de descuento: | | | | | | | | | |  | | | | | | | | |

**DATOS DE LA PERSONA PROPUESTA PARA FILIACIÓN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre: | SUSANA MANUELA MACIAS GARCIA | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURP: | MAGS931024MDGCRS08 | | | | | | | | | | | | RFC: | | MAGS931024622 | | | | | | | | | | | | |
| Estado civil: | | | | |  | | Casado (a) | |  | Viudo (a) | | | |  | Divorciado (a) | | | | | | | X | Soltero (a) | | | | |
| Domicilio: | | SILVESTRE REVUELTAS 800 JOSE ANGEL LEAL VICTORIA DE DURANGO DURANGO C.P. 34206 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | DURANGO, CEL 618 319 7253 | | | | | | | | | | Pagaduría: | | | | |  | | | | | | | | | | |
| Nivel de estudios: | | | | | |  | | | | | Lugar de nacimiento: | | | | | | |  | | | | | | | | | |
| Clave (s) presupuestal: | | | | | | | 071004E046505.0800019 | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tipo de movimiento: | | | | | | ALTA INTERINA LIMITADA | | | | | | Efectos desde: | | | | 01/10/2025 | | | | | Hasta: | | | | 10/10/2025 | | |
| Clave del CT: | | | 10DML0021Z | | | | | Zona económica: | | | | III | | | Zona escolar: | | | | | 6 | | | | Sector: | | |  |
| Nombre del CT: | | | | CENTRO DE ATENCIÓN MULTIPLE SANTIAGO PAPASQUIARO | | | | | | | | | | | | | | | | | | | | | | | |
| Domicilio: | | | | PROL. AV. VALLE DEL TAGARETE S/N FRACC. PROFORMEX | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | SANTIAGO PAPASQUIARO, DGO. | | | | | | | | | | | | | Pagaduría: | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OBSERVACIONES: CON EL NO. 11 Y FOLIO 10AEB252600024831852 DE LA RELACION ADMISIÓN.EDUCACIÓN BÁSICA.DOCENTE.EDUCACIÓN ESPECIAL.EDUCACIÓN ESPECIAL

Atentamente,

Victoria de Durango, Dgo., a 24 de septiembre del 2025

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

**JEFA DEL DEPARTAMENTO DE EDUCACION ESPECIAL**

Vo. Bo. del Nivel Educativo

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ENTIDAD:** | **SECRETARÍA DE EDUCACIÓN** | | **ENTIDAD:** | **DURANGO** |  | **U.D.** | 005 |  | **ZONA:** | 6 |  | **FOLIO:** |  |
| **[Paterno]** | | **[Materno]** | | | **[Nombre]** | | | |  | | **R.F.C. :** | MAGS931024622 | |
| **APELLIDO PATERNO** | | **APELLIDO MATERNO** | | | **NOMBRE(S)** | | | |  | |  | | |
| **DOMICILIO:** | SILVESTRE REVUELTAS 800 JOSE ANGEL LEAL VICTORIA DE DURANGO DURANGO DURANGO C.P. 34206 | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | |
| PROFESOR DE ADIESTRAMIENTO DE SECUNDARIA TECNICA, FORANEO. | | | CENTRO DE ATENCIÓN MULTIPLE SANTIAGO PAPASQUIARO | | | | | | | | | 1 | | 10 | | 2025 | |  | | |  | | | | | **LUNES A VIERNES** | | |
|  | | | PROL. AV. VALLE DEL TAGARETE S/N FRACC. PROFORMEX | | | | | | | | |  | | **AL** | |  | | **[Codigo\_Interino]** | | | 071004E046505.0800019 | | | | | J DE 8:30 - 13:30 | | |
|  | | | SANTIAGO PAPASQUIARO, DGO. | | | | | | | | | 10 | | 10 | | 2025 | |  | | |  | | | | |  | | |
|  | | | C.T. 10DML0021Z | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | |  | | | |  |  |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
| Durango, Dgo., a 24 de septiembre del 2025 | | | | | |  | | | |  | **Vo. Bo.** |  | |  | |  | |  | | |  |  |  | | |  |  | |
|  | |  | |  |  | | | | **VALIDA** | | |  | | |  | |  | |  | SUSANA MANUELA MACIAS GARCIA | | | | | | | | | |
|  |  |  | |  |  | |  |  |  | | |  |  | |  | |  | |  | **NOMBRE Y FIRMA DEL INTERESADO** | | | | | | | | | |
|  |  |  | |  |  | | **L.A. LIZETTE NEVÁREZ CARRERA** | | | | | | | |  | |  | |  |  | | | |  |  | | |  | |
| **AUTORIZA** | | | |  |  | | **SUBDIRECTORA DE PERSONAL ESTATAL** | | | | | | | |  | |  | |  | **CERTIFICA** | | | | | | | | | |
|  |  |  | |  |  | |  |  |  | | |  |  | |  | |  | |  |  | | | |  |  | | |  | |
| **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** | | | | |  | |  |  |  | | |  |  | |  | |  | |  |  | | | |  |  | | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MOVIMIENTO POR INCIDENCIA** | | | | | | | | |
| **NOMBRE DEL TRABAJADOR** | **INCIDENCIA** | **C.C.T.** | **FUNCIÓN QUE DESEMPEÑA** | **CATEGORIA HORAS ó PLAZA** | **ASIGNATURA(S)** | **EFECTOS** | **No. PRELACIÓN** | **OBSERVACIONES** |
| OCTAVIO MARÍN FAVELA | LIC. POR COM. SINDICAL | 10DML0021Z | MAESTRO(A) DE EDUCACIÓN FÍSICA | PROFESOR DE ADIESTRAMIENTO DE SECUNDARIA TECNICA, FORANEO.  071004E046505.0800019 |  | 01/09/2025  AL  30/09/2025 |  |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  | | | | | | | | |  | |
| **NOMBRE DEL TRABAJADOR** | **INCIDENCIA** | **C.C.T.** | **FUNCIÓN QUE DESEMPEÑA** | **CATEGORIA HORAS. ó PLAZA** | **ASIGNATURA (S)** | **EFECTOS** | **No. PRELACIÓN** | **OBSERVACIONES** |  |
| SUSANA MANUELA MACIAS GARCIA | ALTA INTERINA LIMITADA | 10DML0021Z | MAESTRO(A) DE EDUCACIÓN FÍSICA | PROFESOR DE ADIESTRAMIENTO DE SECUNDARIA TECNICA, FORANEO.  071004E046505.0800019 |  | 01/10/2025  AL  10/10/2025 | 11 | FOLIO 10AEB252600024831852  ADMISIÓN.EDUCACIÓN BÁSICA.DOCENTE.EDUCACIÓN ESPECIAL.EDUCACIÓN ESPECIAL |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| COMENTARIOS: SE ANEXA COPIA DEL TITULO COTEJADO, PERFIL, COPIA DEL OFICIO DE ASIGNACIÓN DE VACANTE TEMPORAL. |
|  |
|  |
|  |

Victoria de Durango, Dgo., a 24 de septiembre del 2025

|  |  |  |
| --- | --- | --- |
| 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//2025

ASUNTO: **OFICIO DE PRESENTACIÓN LABORAL.**

Victoria de Durango, Dgo., a 24 de septiembre del 2025

C. SUSANA MANUELA MACIAS GARCIA

FILIACIÓN: MAGS931024622,

**CLAVE PRESUPUESTAL:**

071004E046505.0800019,

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

Con la categoría de PROFESOR DE ADIESTRAMIENTO DE SECUNDARIA TECNICA, FORANEO., le notifico que a partir de esta fecha deberá presentarse en el CENTRO DE ATENCIÓN MULTIPLE SANTIAGO PAPASQUIARO con clave de centro de trabajo 10DML0021Z, turno Matutino con sede en PROL. AV. VALLE DEL TAGARETE S/N FRACC. PROFORMEX, SANTIAGO PAPASQUIARO, DGO. , donde desempeñará las funciones de MAESTRO(A) DE EDUCACIÓN FÍSICA.

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 LIC. POR COM. SINDICAL DE C. OCTAVIO MARÍN FAVELA CON EFECTOS DEL 01/10/2025 AL 10/10/2025 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.Mtra. MARGARITA MARTINEZ GONZALEZ.- Supervisor(a) de Zona Escolar

c.c.p.:C. .Prof. JOSÉ ANTONIO VALDEZ ORTIZ.- Director(a) del C.T.

c.c.p. MINUTARIO.

LMDPVM/jjca

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **N O M B R E** | **SUSTITUYE A:** | **TIPO DE MOVIMIENTO** |
| 1.- | SUSANA MANUELA MACIAS GARCIA | OCTAVIO MARÍN FAVELA | LIC. POR COM. SINDICAL |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

DRA. LUZ MARIA DEL PILAR VERGARA MONTELONGO FECHA DE ELABORACIÓN: A 24 de septiembre del 2025

FIRMA DE RESPONSABLE