**DR. JOSÉ GUILLERMO ADAME CALDERÓN,**

FOLIO:

**SECRETARIO DE EDUCACIÓN DEL ESTADO,**

**PRESENTE.**

## DATOS DEL SUSTITUÍDO

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| Nombre: | MARGARITA DE JESÚS ALMANZA SALAZAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURP: | AASM761018MDGLLR00 | | | | | | | | | | | | | | | | | | RFC: | | | AASM761018LH4 | | | | | | | | | | | | |
| Nivel educativo: | | | | EDUCACION ESPECIAL | | | | | | | | | | | | | | | Número de horas: | | | | | | | | |  | | | | | | |
| Categoría o puesto: | | | | | | TRABAJO SOCIAL | | | | | | | | | | | | | Asignatura: | | | | | | | |  | | | | | | | |
| Clave (s) presupuestal: | | | | | | | | 071004E268300.0200007 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre del CT: | | | | | USAER No. 47 | | | | | | | | | | | | | Turno: | | | | | | Matutino | | | | | | | Horario: | |  | |
| Clave del CT: | | | 10FUA0047H | | | | | | | | | Zona económica: | | | | | II | | | | Zona escolar: | | | | | | | | 3 | | | Sector: | |  |
| Domicilio: | | OLIVOS S/N, COL. EL CIPRES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | DURANGO, DGO. | | | | | | | | | | | | | | | | | | Pagaduría: | | | | |  | | | | | | | | | |
| Tipo de movimiento: | | | | | | | BECA COMISIÓN | | | | | | | | Efectos desde: | | | | | | | | 01/09/2025 | | | | | | | Hasta: | | 02/09/2025 | | |
| 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: | 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: | | | | | | | 481004E268300.0200007 | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | SUSTITUTO BECARIO | | | | | | Efectos desde: | | | | 01/09/2025 | | | | | Hasta: | | | | 30/09/2025 | | |
| Clave del CT: | | | 10FUA0047H | | | | | Zona económica: | | | | II | | | Zona escolar: | | | | | 3 | | | | Sector: | | |  |
| Nombre del CT: | | | | USAER No. 47 | | | | | | | | | | | | | | | | | | | | | | | |
| Domicilio: | | | | OLIVOS S/N, COL. EL CIPRES | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | DURANGO, DGO. | | | | | | | | | | | | | Pagaduría: | | | |  | | | | | | | | |
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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

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| **ENTIDAD:** | **SECRETARÍA DE EDUCACIÓN** | | **ENTIDAD:** | **DURANGO** |  | **U.D.** | 008 |  | **ZONA:** | 3 |  | **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 | | | | | | | | | | | | |

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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** | | |
| TRABAJO SOCIAL | | | USAER No. 47 | | | | | | | | | 01 | | 09 | | 2025 | |  | | |  | | | | | **LUNES A VIERNES** | | |
|  | | | OLIVOS S/N, COL. EL CIPRES | | | | | | | | |  | | **AL** | |  | | 20 | | | 481004E268300.0200007 | | | | | L - VDE 8:30 - 13:30 HRS. | | |
|  | | | DURANGO, DGO. | | | | | | | | | 30 | | 09 | | 2025 | |  | | |  | | | | |  | | |
|  | | | C.T. 10FUA0047H | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
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| 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** | | | | | | | | | |
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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** |
| MARGARITA DE JESÚS ALMANZA SALAZAR | BECA COMISIÓN | 10FUA0047H | TRABAJADOR (A) SOCIAL | TRABAJO SOCIAL  071004E268300.0200007 |  | 01/09/2025  AL  02/09/2025 |  |  |
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| **NOMBRE DEL TRABAJADOR** | **INCIDENCIA** | **C.C.T.** | **FUNCIÓN QUE DESEMPEÑA** | **CATEGORIA HORAS. ó PLAZA** | **ASIGNATURA (S)** | **EFECTOS** | **No. PRELACIÓN** | **OBSERVACIONES** |  |
| SUSANA MANUELA MACIAS GARCIA | SUSTITUTO BECARIO | 10FUA0047H | TRABAJADOR (A) SOCIAL | TRABAJO SOCIAL  481004E268300.0200007 |  | 01/09/2025  AL  30/09/2025 | 11 | FOLIO 10AEB252600024831852  ADMISIÓN.EDUCACIÓN BÁSICA.DOCENTE.EDUCACIÓN ESPECIAL.EDUCACIÓN ESPECIAL |  |
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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 24 de septiembre del 2025

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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//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:**

481004E268300.0200007,

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

Con la categoría de TRABAJO SOCIAL, le notifico que a partir de esta fecha deberá presentarse en el USAER No. 47 con clave de centro de trabajo 10FUA0047H, turno Matutino con sede en OLIVOS S/N, COL. EL CIPRES, DURANGO, DGO. , donde desempeñará las funciones de TRABAJADOR (A) SOCIAL.

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 BECA COMISIÓN DE C. MARGARITA DE JESÚS ALMANZA SALAZAR CON EFECTOS DEL 01/09/2025 AL 30/09/2025 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.Dra. BELIA CHÁIDEZ NEVÁREZ.- Supervisor(a) de Zona Escolar

c.c.p.:C. .Profr. CARLOS NOÉ ROJAS TERRONES.- 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.- | SUSANA MANUELA MACIAS GARCIA | MARGARITA DE JESÚS ALMANZA SALAZAR | BECA COMISIÓN |
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DRA. LUZ MARIA DEL PILAR VERGARA MONTELONGO FECHA DE ELABORACIÓN: A 24 de septiembre del 2025

FIRMA DE RESPONSABLE