**DR. JOSÉ GUILLERMO ADAME CALDERÓN,**

FOLIO:

**SECRETARIO DE EDUCACIÓN DEL ESTADO,**

**PRESENTE.**

## DATOS DEL SUSTITUÍDO

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre: | CLAUDIA PATRICIA BARRERA GONZÁLEZ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURP: | BAGC790616MDGRNL03 | | | | | | | | | | | | | | | | | | RFC: | | | BAGC790616JZ3 | | | | | | | | | | | | |
| Nivel educativo: | | | | EDUCACION ESPECIAL | | | | | | | | | | | | | | | Número de horas: | | | | | | | | |  | | | | | | |
| Categoría o puesto: | | | | | | MAESTRO DE EDUCACION ESPECIAL | | | | | | | | | | | | | Asignatura: | | | | | | | |  | | | | | | | |
| Clave (s) presupuestal: | | | | | | | | 071004E068700.0200440 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del CT: | | | | | USAER No. 59 | | | | | | | | | | | | | Turno: | | | | | | Vespertino | | | | | | | Horario: | |  | |
| Clave del CT: | | | 10FUA0059M | | | | | | | | | Zona económica: | | | | | II | | | | Zona escolar: | | | | | | | | 2 | | | Sector: | |  |
| Domicilio: | | PREDIO CANOAS S/N COL. SILVESTRE DORADOR C.P. 34070 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | DURANGO, DGO. | | | | | | | | | | | | | | | | | | Pagaduría: | | | | |  | | | | | | | | | |
| Tipo de movimiento: | | | | | | | BECA COMISIÓN | | | | | | | | 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: | JUANA NOHEMÍ AGUILAR VARGAS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURP: | AUVJ850110MDGGRN04 | | | | | | | | | | | | RFC: | | AUVJ850110QQ7 | | | | | | | | | | | | |
| Estado civil: | | | | |  | | Casado (a) | |  | Viudo (a) | | | |  | Divorciado (a) | | | | | | | X | Soltero (a) | | | | |
| Domicilio: | | C. TARASCOS N°209 FRACC. HUIZACHE II C. P. 34160 C.P. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | , 618 113-29-92 | | | | | | | | | | Pagaduría: | | | | |  | | | | | | | | | | |
| Nivel de estudios: | | | | | |  | | | | | Lugar de nacimiento: | | | | | | |  | | | | | | | | | |
| Clave (s) presupuestal: | | | | | | | 481004E068700.0200440 | | | | | | | | | | | | | | | | | | | | |
| 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  dd/mm/aa | | |
| Clave del CT: | | | 10FUA0059M | | | | | Zona económica: | | | | II | | | Zona escolar: | | | | | 2 | | | | Sector: | | |  |
| Nombre del CT: | | | | USAER No. 59 | | | | | | | | | | | | | | | | | | | | | | | |
| Domicilio: | | | | PREDIO CANOAS S/N COL. SILVESTRE DORADOR C.P. 34070 | | | | | | | | | | | | | | | | | | | | | | | |
| Población: | | DURANGO, DGO. | | | | | | | | | | | | | Pagaduría: | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**OBSERVAC****IONES:** CON EL NO. Y FOLIO DE LA RELACION

Atentamente,

Victoria de Durango, Dgo., a 30 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.** | **008** |  | **ZONA:** | **2** |  | **FOLIO:** |  |
| **AGUILAR** | | **VARGAS** | | | **JUANA NOHEMÍ** | | | |  | | **R.F.C. :** | AUVJ850110QQ7 | |
| **APELLIDO PATERNO** | | **APELLIDO MATERNO** | | | **NOMBRE(S)** | | | |  | |  | | |
| **DOMICILIO:** | **C. TARASCOS N°209 FRACC. HUIZACHE II C. P. 34160 C.P.** | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | |
| **MAESTRO DE EDUCACION ESPECIAL** | | | **USAER No. 59** | | | | | | | | | **01** | | **09** | | **2025** | |  | | |  | | | | | **LUNES A VIERNES** | | |
|  | | | PREDIO CANOAS S/N COL. SILVESTRE DORADOR C.P. 34070 | | | | | | | | |  | | **AL** | |  | | **10** | | | **481004E068700.0200440** | | | | | **L - VDE 14:00 - 19:00** | | |
|  | | | DURANGO, DGO. | | | | | | | | | **30** | | **09** | | **2025** | |  | | |  | | | | |  | | |
|  | | | **C.T.** 10FUA0059M | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | |  | | | |  |  |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
|  | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | | |  | | |
| **Durango, Dgo., a 30 de septiembre del 2025** | | | | | |  | | | |  | **Vo. Bo.** |  | |  | |  | |  | | |  |  |  | | |  |  | |
|  | |  | |  |  | | | | **VALIDA** | | |  | | |  | |  | |  | **JUANA NOHEMÍ AGUILAR VARGAS** | | | | | | | | | |
|  |  |  | |  |  | |  |  |  | | |  |  | |  | |  | |  | **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** |
| CLAUDIA PATRICIA BARRERA GONZÁLEZ | BECA COMISIÓN | 10FUA0059M | MAESTRO(A) DE APOYO | MAESTRO DE EDUCACION ESPECIAL  071004E068700.0200440 |  | 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** |  |
| JUANA NOHEMÍ AGUILAR VARGAS | SUSTITUTO BECARIO | 10FUA0059M | MAESTRO(A) DE APOYO | MAESTRO DE EDUCACION ESPECIAL  481004E068700.0200440 |  | 01/09/2025  AL  30/09/2025 |  | FOLIO |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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

Victoria de Durango, Dgo., a 30 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 30 de septiembre del 2025

**C. JUANA NOHEMÍ AGUILAR VARGAS**

**FILIACIÓN: AUVJ850110QQ7,**

**CLAVE PRESUPUESTAL:**

**481004E068700.0200440,**

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

Con la categoría de MAESTRO DE EDUCACION ESPECIAL, le notifico que a partir de esta fechadeberá presentarse en el USAER No. 59 con clave de centro de trabajo 10FUA0059M,turno Vespertino con sede en PREDIO CANOAS S/N COL. SILVESTRE DORADOR C.P. 34070, DURANGO, DGO. ,donde desempeñará las funciones de MAESTRO(A) DE APOYO.

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. CLAUDIA PATRICIA BARRERA GONZÁLEZ CON EFECTOS DEL 01/09/2025 AL 30/09/2025EN 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.Profra. MARIA ISABEL RODRIGUEZ QUIÑONES.- Supervisor(a) de Zona Escolar

c.c.p.:C. .Profr. JORGE MANUEL LÓPEZ ALVARADO.- Director(a) del C.T.

c.c.p. MINUTARIO.

LMDPVM/jjca

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **N O M B R E** | **SUSTITUYE A:** | **TIPO DE MOVIMIENTO** |
| 1.- | JUANA NOHEMÍ AGUILAR VARGAS | CLAUDIA PATRICIA BARRERA GONZÁLEZ | BECA COMISIÓN |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

DRA. LUZ MARIA DEL PILAR VERGARA MONTELONGO FECHA DE ELABORACIÓN: **A** **30 de septiembre del 2025**

FIRMA DE RESPONSABLE