**INSTITUCION / NOMBRE:**

**Ctg.:** **Turno:**    **DOMICILIO**: **TELÉFONO**:

**LOCALIDAD:**  **DPTO.:**

***PLANILLA DE OTRAS NOVEDADES* MES**: **AÑO**:

|  |  |  |  |  |  |  |  |  |  |
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| **OTRAS NOVEDADES: AFECTACIONES, PERMUTAS, TAREAS PASIVAS, CAMBIO DE FUNCIONES, REUBICACIONES, ETC.** | | | | | | | | | |
| **D.N.I** | **Apellido y Nombres** | **Cargo** | **Carácter** | **Grado** | **Servicios en el mes** | | | **Tipo de novedad – Acto administrativo** | **Observaciones** |
|  | **DESDE** | **HASTA** | **TOTAL** |  |
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      FIRMA DEL DIRECTOR                                    FIRMA DEL SUPERVISOR