

**NO**

**NO. NOMINA: PERIODO DE LA NOMINA:**

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|  | | | | | | **I N C I D E N C I A S** | | | | | | | | |  |
| No. Empl. | PUESTO | C.C. | NOMBRE TRABAJADOR | Salario Diario Fiscal | SUELDO REAL QUINCENA | GRATIFIC. | VACAC. | HORAS EXTRAS | BONO OBJET. | FALTAS | RETARDO | PERMISO | INCAP. | DESCTO | OBSERVACIONES |
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