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| **GENERALES.** |

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| **Proyecto.** |  | | **Capacitación.** |  |
| **Modulo** |  | | **Rutina/Proceso** |  |
| **Fecha de Capacitación** | |  | |  |

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| **OBJETIVO.** |

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| **PROGRAMA.** |

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| **ASISTENTES.** | | | | | | |
| **No** | **Nombre** | **Puesto** | **Sucursal** | **Depto.** | **Fecha** | **Firma** |
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| **OBSERVACIONES.** |

Informo que fueron concluidas las configuraciones y capacitaciones de las actividades y rutinas relacionadas, asentando que el(los) usuario(s) está(n) completamente capacitado(s) para el uso de las rutinas referentes al proceso **XX.**

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| **CAPACITO.** | **FIRMA.** |
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