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|  | Fecha de elaboración: |  | Fecha de solicitud: |  |

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| 1. **PERMISOS ESPECIALES** |

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| **LLEGADA TARDE** | | | **SALIDA TEMPRANO** | | | | **SALIDA DURANTE JORNADA** | | | | **NO ASISTIR AL TRABAJO** | |
| Hora: | | | Hora: | | | | Salida: | Regreso: | | | |  | | --- | |  |   *(marque con una X)* | |
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| **MOTIVOS** | |  | **AUTORIZACIONES** | | |  | **DETALLE** | |  | 1. **VACACIONES** | | |
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| |  | | --- | |  | | Actividad laboral |  | |  | | --- | |  | | Con goce de sueldo | |  | Período: | |  |
|  | | | | | | |  | |  |
| |  | | --- | |  | | Actividad personal |  | |  | | --- | |  | | Sin goce de sueldo | |  | Días solicitados: | |  |
|  | | | | | | |  | |  |
| |  | | --- | |  | | Enfermedad |  | |  | | --- | |  | | A cuenta de vacaciones | |  | Fecha (inicio): | |  |
|  | | | | | | |  | |  |
| |  | | --- | |  | | Home Office |  | |  | | --- | |  | | Compensando el tiempo | |  | Fecha (fin): | |  |
|  |  |  | Fechas: | |  |  | Días restantes: | |  |
|  |  |  | Horarios: | |  |  |  | | |
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| Solicitó  ***Firma***  ***Nombre*** |  | Autorizó  (*Jefa o Jefe Inmediato*)  ***Firma***  ***Nombre*** |  | Vo. Bo.  *(Gerente / Director/a)*  ***Firma***  ***Nombre*** |  | Recibe  *(Capital Humano)*  ***Firma***  ***Nombre*** |

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|  | Fecha de elaboración: |  | Fecha de solicitud: |  |

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| 1. **PERMISOS ESPECIALES** |

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| **LLEGADA TARDE** | | | **SALIDA TEMPRANO** | | | | **SALIDA DURANTE JORNADA** | | | | **NO ASISTIR AL TRABAJO** | |
| Hora: | | | Hora: | | | | Salida: | Regreso: | | | Hora: | |
|  | | |  | | | |  |  | | |  | |
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| **MOTIVOS** | |  | **AUTORIZACIONES** | | |  | **DETALLE** | |  | 1. **VACACIONES** | | |
|  | | | | | | |  | |  |  | | |
| |  | | --- | |  | | Actividad laboral |  | |  | | --- | |  | | Con goce de sueldo | |  | Período: | |  |
|  | | | | | | |  | |  |
| |  | | --- | |  | | Actividad personal |  | |  | | --- | |  | | Sin goce de sueldo | |  | Días solicitados: | |  |
|  | | | | | | |  | |  |
| |  | | --- | |  | | Enfermedad |  | |  | | --- | |  | | A cuenta de vacaciones | |  | Fecha (inicio): | |  |
|  | | | | | | |  | |  |
| |  | | --- | |  | | Home Office |  | |  | | --- | |  | | Compensando el tiempo | |  | Fecha (fin): | |  |
|  |  |  | Fechas: | |  |  | Días restantes: | |  |
|  |  |  | Horarios: | |  |  |  | | |
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| Solicitó  ***Firma***  ***Nombre*** |  | Autorizó  (*Jefa o Jefe Inmediato*)  ***Firma***  ***Nombre*** |  | Vo. Bo.  *(Gerente / Director/a)*  ***Firma***  ***Nombre*** |  | Recibe  *(Capital Humano)*  ***Firma***  ***Nombre*** |

***Versión: 001 Código: FO-GA-URM-001***