|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FECHA DE DILIGENCIAMIENTO DE LA SOLICITUD:** | | | | | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | |
| **NOMBRE DEL SERVIDOR:** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **CEDULA:** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **CARGO:** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **DEPENDENCIA:** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **MOTIVO DEL PERMISO: Por favor describa el motivo del permiso** | | | | | | | | | | |
|  | |  | |  | | | | | | |
| **Calamidad Domestica** | | |  | | --- | |  | | | **Describa el Motivo:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Cita EPS:** | | |  | | --- | |  | | | **Médico**  **Especialista** | | |  | | --- | |  | | |  | | --- | |  |   **Toma de**  **Exámenes** | | **Describa**  **el motivo:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Otro Motivo** | | |  | | --- | |  | | | **Cual:** | | | | | | |
|  | |  | |  | | | | | | |
| **Número de días de ausencia solicitados:** | |  |  | | --- | --- | |  |  | | | |  |  |  | | --- | --- | --- | |  |  |  |   **A partir del día:** | | | | | **Hasta el día:** | | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Número de horas aproximadas de ausencia:** | |  |  | | --- | --- | | DD/MM | HORAS | | | | | |  |  | | --- | --- | | a.m. | p.m. |   **Desde las (Hora):** | | | **Hasta las (hora):** | | |  |  | | --- | --- | | a.m. | p.m. | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firma Solicitante V°B° Jefe Inmediato V°B° Talento Humano**