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| **FECHA DE DILIGENCIAMIENTO DE LA SOLICITUD:**  |

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| **NOMBRE DEL SERVIDOR:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CEDULA:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CARGO:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DEPENDENCIA:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MOTIVO DEL PERMISO: Por favor describa el motivo del permiso** |
|  |  |  |
| **Calamidad Domestica** |

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 | **Describa el Motivo:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cita EPS:** |

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 | **Médico** **Especialista** |

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**Toma de****Exámenes**  | **Describa****el motivo:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Otro Motivo** |

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 | **Cual:** |
|  |  |  |
| **Número de días de ausencia solicitados:** |

|  |  |
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**A partir del día:** | **Hasta el día:** |

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| **Número de horas aproximadas de ausencia:** |

|  |  |
| --- | --- |
| DD/MM | HORAS |

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|  |  |
| --- | --- |
| a.m. | p.m. |

**Desde las (Hora):** | **Hasta las (hora):** |

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| --- | --- |
| a.m. | p.m. |

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