

**PERMISO LABORAL REMUNERADO**

FECHA DE SOLICITUD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE DEL SOLICITANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMERO DE CÉDULA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CARGO:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COORDINADOR |  |  | DOCENTE |  |  | ADMINISTRATIVO |  |  | OTRO |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DIAS DE PERMISO SOLICITADO |  |  | DESDE | HASTA |
|  | DIA | MES | AÑO | DIA | MES | AÑO |
|  |  |  |  |  |  |  |  |  |

**MOTIVO DEL PERMISO (MARQUE CON X)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CAL** | CALAMIDAD |  |  | **CAP** | CAPACITACIÓN |  |  | **DA** | DILIGENCIA ADMINISTRATIVA |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **LAC** | LACTANCIA |  |  | **JV** | JURADO DE VOTACIÓN |  |  | **ES** | ESTÍMULO AL SUFRAGANTE |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **LNR** | LICENCIA NO REMUNERADA |  |  | LR | LICENCIA REMUNERADA |  |  | **CS** | COMISIÓN SINDICAL |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **MP** | MARCHA O PARO |  |  | LP | LEY DE PATERNIDAD |  |  | **LT** | LEY DE LUTO |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **MED** | PERMISOS ASISTENCIA A CITAS MÉDICAS O TRATAMIENTO |  |

FIRMAN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| FIRMA DEL SOLICITANTE |  | V.B RECTOR |  | V.B COORDINADOR |



**PERMISO LABORAL REMUNERADO**

FECHA DE SOLICITUD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE DEL SOLICITANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMERO DE CÉDULA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CARGO:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COORDINADOR |  |  | DOCENTE |  |  | ADMINISTRATIVO |  |  | OTRO |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DIAS DE PERMISO SOLICITADO |  |  | DESDE | HASTA |
|  | DIA | MES | AÑO | DIA | MES | AÑO |
|  |  |  |  |  |  |  |  |  |

**MOTIVO DEL PERMISO (MARQUE CON X)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CAL** | CALAMIDAD |  |  | **CAP** | CAPACITACIÓN |  |  | **DA** | DILIGENCIA ADMINISTRATIVA |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **LAC** | LACTANCIA |  |  | **JV** | JURADO DE VOTACIÓN |  |  | **ES** | ESTÍMULO AL SUFRAGANTE |  |
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| **MED** | PERMISOS ASISTENCIA A CITAS MÉDICAS O TRATAMIENTO |  |

FIRMAN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| FIRMA DEL SOLICITANTE |  | V.B RECTOR |  | V.B COORDINADOR |