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| **Hasta un total de**  **una por quincena** | |  | | | | Falta de puntualidad  a la entrada | | | | | | | |  | | | Retirarse entre horas | | | | | |  | | | Salida con autorización | | | | | | |
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|  | |  | | | | Día Económico | | | | | | | |  | | | Consulta Médica ISSEMyM | | | | | |  | | | Permiso por Lactancia | | | | | | |
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| **No pudo registrar por:** | | | | | | |  | Olvido | | |  |  | | | | Falla eléctrica del reloj | | | | | |  | | | Falla de energía eléctrica | | | | | | | |
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| **Licencias Médicas** (Adjuntar documentación comprobatoria incapacidad expedida por el ISSEMyM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | Enfermedad no profesional | | | | | | | |  | | | Riesgo profesional | | | | | | | | | | | | | | | |
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| **Licencias Personales** (Adjuntar copia de acta según el caso o documento probatorio del ISSEMyM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | Nacimiento de hijo o hija (s) | | | | | | | |  | | | Enfermedad de cónyuge e hijo o hija | | | | | |  | | | Fallecimiento familiar (especificar familiar) | | | | | | |
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| **Comisiones** (Adjuntar el Oficio de comisión) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | Comisión de servicios  oficio | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Otros** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | (Especificar) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Elabora** | | | | | | | | | **Autoriza** | | | | | | | | | | | | **Enterado (a)** | | | | | | | | | | | |
| **Nombre y Firma** | | | | | | | | | **Nombre y Firma** | | | | | | | | | | | | **Nombre y Firma** | | | | | | | | | | | |
| Personal Administrativo o Docente | | | | | | | | | Jefa o Jefe Inmediato | | | | | | | | | | | | Jefa o Jefe del Departamento de Administración de Personal | | | | | | | | | | | |

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