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| Dirección de Recursos Humanos |
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| **“CÉDULA PARA AUTORIZACIÓN DE INCIDENCIAS DE PERSONAL LOCAL 2025”**   |  | | --- | | **FECHA DE EMISIÓN:** 01/01/2025 | |

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| |  |  | | --- | --- | | **NOMBRE:** Apellido Paterno, Materno, Nombre (s) | **N° DE EMPLEADO:** 00000 |  |  |  | | --- | --- | | **NIVEL** 0 | **ADSCRIPCIÓN:** Unidad Administrativa |  |  | | --- | | **FECHA DE INGRESO A SECTUR:** DÍA/MES/AÑO **HORARIO:**  00000 |   . |

Unidad de Administración y Finanzas

Dirección General de Administración

Dirección General de Administración

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| **INCIDENCIAS**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **CONCEPTO** | |  | **PERIODO** | | | |  | **N°. DE DÍAS** |  | **OBSERVACIONES** | |  | **DEL:** | **AL:** | | |  |  | |  | |  |  |  | | |  |  |  |  | | **VACACIONES** | |  | Fecha de inicio | Fecha de término | | |  | Días autorizados |  | Periodo vacacional | |  | |  |  |  | | |  |  |  |  | | **LICENCIA MÉDICA ISSSTE (INCAPACIDAD)** | |  | Fecha de inicio | Fecha de término | | |  | Días autorizados |  | Capturar N° de folio de la licencia médica | |  | |  |  |  | | |  |  |  |  | | **LICENCIAS** | |  | Fecha de inicio | Fecha de término | | |  | Días autorizados |  | Tipo de licencia | |  | |  |  |  | | |  |  |  |  | | **DÍAS ECONÓMICOS** | |  | Fecha de inicio | Fecha de término | | |  | Días autorizados |  |  | |  | |  |  |  | | |  |  |  |  | | **CUIDADOS MATERNOS** | |  | Fecha de inicio | Fecha de término | | |  | Días autorizados |  | Anexar el comprobante expedido por el ISSSTE | |  | |  |  | | | | | |  |  | | **PERMISO DE ENTRADA O SALIDA** | |  | Haga clic aquí para escribir una fecha. | | | | | |  | Concepto de la justificación | |  |  | | | |  | | **ONOMASTICO**  **.** | |  | Fecha de cumpleaños | | | | | |  | Art. 47, Fracción XVI de las CGT de la SECTUR (No está autorizado cambiar la fecha de cumpleaños) |   . |

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| |  |  | | --- | --- | | **EL (LA) EMPLEADO (A)** | **JEFE (A) SUPERIOR FACULTADO (A)** | | |  | | --- | |  | | |  | | --- | |  | | | Escribir nombre del (la) Trabajador (a) | Escribir nombre y cargo del (la) Jefe (a) Superior Facultado (a) | |  |  | | **EL (LA) TITULAR DE LA COORDINACIÓN ADMINISTRATIVA** | | |  | | | |  | | --- | |  | | | | Escribir nombre y cargo del (la) Jefe (a) Superior Facultado (a) | |   . |