|  |
| --- |
| Dirección de Recursos Humanos |
| Dirección General de Administración |
|  |
|  |
| **“CÉDULA PARA AUTORIZACIÓN DE INCIDENCIAS**  **PERSONAL DE ENLACES, MANDOS MEDIOS Y SUPERIORES 2025”**   |  | | --- | | **FECHA DE EMISIÓN:** 01/01/2025 | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **NOMBRE:** Apellido Paterno, Materno, Nombre (s) | **N° DE EMPLEADO:** 00000 |  |  |  |  |  | | --- | --- | --- | --- | | **DENOMINACIÓN DEL PUESTO:** 00000 |  | |  | |  |  | |  | | **ADSCRIPCIÓN:** Unidad Administrativa | | **HORARIO:** 9:00 A 18:00 |  | |  | | **FECHA DE INGRESO A SECTUR:** DÍA/MES/AÑO | |   . |

Unidad de Administración y Finanzas

Dirección General de Administración

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  |  |  |  |  |  |  |  | | **LICENCIA POR PATERNIDAD** |  | Fecha de inicio | Fecha de término |  | Días autorizados |  | Documentación obligatoria | |  |  |  |  |  |  |  |  | | **CUIDADOS FAMILIARES** |  | Fecha de inicio | Fecha de término |  | Días autorizados |  | Anexar el comprobante expedido por el ISSSTE | |  |  |  | | | |  |  | | **PERMISO DE ENTRADA O SALIDA** |  | Fecha de permiso otorgado | | | |  | Concepto de la justificación | |  |  |  |  |  |  |  |  | | **OMISIÓN DE ENTRADA O SALIDA** |  | Fecha de permiso otorgado | | | |  | Concepto de la justificación | |  |  |  |  |  |  |  |  | | **COMISIÓN OFICIAL** |  | Fecha de inicio | Fecha de término |  | Días autorizados |  | Documento obligatorio (oficio de la comisión) | |  |  |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **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 Y /O DE SERVICIOS** | | |  | | | |  | | --- | |  | | | | Escribir nombre y cargo del (la) Jefe (a) Superior Facultado (a) | |   . |