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| Dirección de Recursos Humanos |
| Dirección General de Administración |
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| **“CÉDULA PARA AUTORIZACIÓN DE INCIDENCIAS** **PERSONAL DE ENLACES, MANDOS MEDIOS Y SUPERIORES 2025”**

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| **FECHA DE EMISIÓN:** 01/01/2025 |

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| **NOMBRE:** Apellido Paterno, Materno, Nombre (s) | **N° DE EMPLEADO:** 00000 |

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| **DENOMINACIÓN DEL PUESTO:** 00000 |  |  |
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|  **ADSCRIPCIÓN:** Unidad Administrativa  |
| **HORARIO:** 9:00 A 18:00 |  |  |
| **FECHA DE INGRESO A SECTUR:** DÍA/MES/AÑO |

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Unidad de Administración y Finanzas

Dirección General de Administración

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| **INCIDENCIAS**

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| **CONCEPTO** |  | **PERIODO** |  | **N°. DE DÍAS** |  | **OBSERVACIONES** |
|  | **DEL:** | **AL:** |  |  |
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| **VACACIONES** |  | Fecha de inicio | Fecha de término |  | Días autorizados |  | Periodo vacacional |
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| **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 |
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| **CUIDADOS FAMILIARES** |  | Fecha de inicio | Fecha de término |  | Días autorizados |  | Anexar el comprobante expedido por el ISSSTE |
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| **PERMISO DE ENTRADA O SALIDA** |  | Fecha de permiso otorgado |  | Concepto de la justificación |
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| **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) |
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| **EL (LA) EMPLEADO (A)** | **JEFE (A) SUPERIOR FACULTADO (A)** |
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| Escribir nombre del (la) Trabajador (a) | Escribir nombre y cargo del (la) Jefe (a) Superior Facultado (a) |
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| **EL (LA) TITULAR DE LA COORDINACIÓN ADMINISTRATIVA Y /O DE SERVICIOS** |
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| Escribir nombre y cargo del (la) Jefe (a) Superior Facultado (a) |

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