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| **NOMBRE:** | **CARGO:** |

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| **FECHA DE LA ACTIVIDAD** | **HORA** | | | **ACTIVIDAD REALIZADA** | **NÚMERO DE HORAS LABORADAS** | **FECHA DE COMPENSACIÓN** | **NÚMERO DE HORAS COMPENSADAS** | **APROBACIÓN COORDINACIÓN ADMINISTRATIVA** | **FIRMA DEL TRABAJADOR** |
| **INICIO** | | **FINAL** |
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