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| Dirección General de Recursos Humanos |
| Dirección de Personal |
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| Lista de Registro de Control de Asistencia para Personal **(\*)** |
| Periodo de registro: |  | Región: | Elija un elemento. |
| Nombre y apellidos: |  | Número de personal: |  |
| Horario autorizado: | Lunes | Martes | Miércoles | Jueves | Viernes | Sábado | Domingo |
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| Dependencia: |  |



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| Fecha  | Entrada | Firma | Salida | Firma |  | Fecha  | Entrada | Firma | Salida | Firma |
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| Nombre y firma del titular de la Dependencia |  | Sello de la Dependencia |  |