**SOLICITUD DE PERMISO CON GOCE DE REMUNERACIONES**

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| AÑO | : |  |  |
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| NOMBRE FUNCIONARIO | : |  | RUN | : |  |
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| ESCALAFÓN | : |  | **ADMINISTRATIVO** |  | **ACADÉMICO** |

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| **N.º DE DÍAS SOLICITADOS** | **FECHA****DESDE** | **FECHA****HASTA** | Si solicita mediodía indicar **JORNADA****(Mañana/Tarde)** | **FIRMA DEL****FUNCIONARIO** | **V°B°****JEFE DIRECTO** | **FIRMA** **DIRECTOR** |
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