**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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