Nombre completo:       Cédula:

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| FECHA | TIPO DOCUMENTAL O ASUNTO | FOLIO (S) | OBSERVACIONES |
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Fecha de elaboración del documento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma funcionario o responsable del manejo del expediente\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma jefe dependencia (una vez terminada la hoja) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_