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| Fecha de inscripción | D | |  | M |  | A |  |
| **Funcionario Sujeto de Plan de Mejoramiento** | | | | | | | | | | | | | | |
| Nombre y apellido: | | | | | | | | | | | | | | |
| Cargo: | | | | | | | | | | | | | | |
| Proceso al que Pertenece: | | | | | | | | | | | | | | |
| Responsable del Proceso: | | | | | | | | | | | | | | |
| Dependencia: | | | | | | | | | | | | | | |
| Jefe de Dependencia: | | | | | | | | | | | | | | |
| Cargo: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Fuente del plan:** | | Evaluación de Desempeño | | | | | | |  | Auto Evaluación a la Gestión |  | Auditorías |  |  |

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| N° | ACCIÓN MEJORADORA | OBJETIVO DE LA GESTIÓN | META | DIMENSIÓN META | FECHA INICIO  D/M/A | FECHA FINAL  D/M/A | PERIODICIDAD SEGUIMIENTO  Trimestre/semest. | OBSERVACIONES |
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CONCERTADO:

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| Descripción de los aspectos de mejoramientos: |

Firma Empleado Firma Jefe Dependencia