**Dependencia:**       **Mes:**       **Año:**

**Nombre del Monitor:**       **Teléfono:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Día** | **Hora Entrada** | **Hora Salida** | **Total Horas** | **Firma Monitor** | **Firma Jefe Dependencia o Delegado** |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
|    |       |       |     |  |  |
| **TOTAL HORAS A CERTIFICAR** |     |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Firma Jefe de Dependencia**