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

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

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

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**Firma Jefe de Dependencia**