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| ***SOLICITUD DE PRÓRROGA DE TRASLADO TEMPORAL*** | | | | | |
| *Resol. 21.729/14* | | | | | |
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| **Institución Receptora** | | | | | |
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| Código | |  | | | |
| **Nómina de Personal** | | | | | |
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| N° | Nombre y Apellido | C. I. C. N° | Función según Cuadro de Personal | Código Puesto según Cuadro de Personal | Turno |
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| Firma y Sello del Director de la Institución Receptora | | |  | Firma y Sello Dirección Departamental | | |  | Firma y Sello Supervisión Administrativa | | |