SOLICITUD DE PRÓRROGA DE TRASLADO TEMPORAL

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| Institución Receptora |
| Nombre |  |
| Código |  |

Nómina de Personal

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| **Firma y Sello**  **Institución Receptora** | **Firma y Sello****Dirección Departamental** | **Firma y Sello****Supervisión Educacional** |