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| |  | | --- | | **SOLICITUD DE CERTIFICACION** | | | | Versión: 02 | Código: CO-F-001 | Pág:1/1 |  |
|  |
| INFORMACIÓN REQUERIDA: | | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_del 20\_\_\_\_\_\_\_\_\_\_ | | |  |
| ( ) Aumentos Generales | | Clase de Puesto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| ( ) Ajustes Técnicos | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| ( ) Salario Base | | Período de interés: De: Mes \_\_\_\_\_\_\_\_\_\_\_\_ Año\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| ( ) Carrera Profesional | | A: Mes \_\_\_\_\_\_\_\_\_\_\_\_\_Año \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| ( ) Anualidad | |  |  |  |  |
| ( ) Dedicación Exclusiva | | Observaciones: |  |  |  |
| ( ) Riesgo Penitenciario | |  |  |  |  |
| ( ) Otro - Indique | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |
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| **DATOS DEL SOLICITANTE** | | | | |  |
| Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cédula :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
| Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
| Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recibido por: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
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| Fecha de aprobación: 10-10-12 | | | | |  |
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