|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **FECHA DE SOLICITUD**: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **NOMBRE DEL FUNCIONARIO:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **DEPENDENCIA DONDE LABORA:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | **OFICIAL** | |  | |  | **MEDICO** | | | |  |  | |  |  | **PERSONAL** | | | |  | |  | **COMPENSATORIO** | | | | |  |  | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | **LUTO** | | | | | |  |  | **HORARIO EXTRA LABORAL** | | | | | | | |  |  |  | |  |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **JUSTIFICACIÓN:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **PERIODO DE PERMISO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  | | |  | |  |  | |  | | | |  | |  | | |  | |  |  | |  |  |  | | | |  |  |
|  |  | **No. DÍAS** |  | | **DE:** | | | | | |  | **A:** | | | | | | |  | | **SALIDA** | | | |  | | **ENTRADA** | | | | |  |
|  |  | | **DD** | | **MM** | | **AAAA** | |  | **DD** | | **MM** | | | **AAAA** | |  | | **HORA** | | | **MIN** |  | | **HORA** | | | **MIN** | |  |
|  | PERMISO |  |  | |  | |  | |  | |  |  | |  | | |  | |  | |  | | |  |  | |  | | |  | |  |
|  | COMPENSAR  EN TIEMPO |  |  | |  | |  | |  | |  |  | |  | | |  | |  | |  | | |  |  | |  | | |  | |  |
|  | **VoBo** |  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | |  |
|  | **JEFE INMEDIATO** | | | | | | | | | | | |  | **SECRETARIA ADMINISTRATIVA** | | | | | | | | | | | | | | | | | |  |
|  |  |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |
|  |  | **ALCALDE MUNICIPAL** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **NOTA**: Los permisos deben estar sujetos a las siguientes consideraciones:   * *Si el permiso es entre* ***0 y 1 día****, debe ser autorizado por el Jefe Inmediato.* * *Si el permiso es entre* ***1 y 2 días****, debe ser autorizado por el Jefe Inmediato y por el Secretario Administrativo.* * *Si el permiso es entre* ***2 y 3 días****, debe ser autorizado por el Jefe Inmediato y el Alcalde Municipal.* * *Licencias por* ***Luto****, debe ser informado al Jefe Inmediato y cumplir con el* ***Reglamento de Trabajo*** *de la Alcaldía de Fusagasugá.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |