|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AUTORIZACIÓN DE HORAS EXTRAS** | | | | | | | | | | | | | | |
| **Fecha de solicitud** | | | | | | | | | | **DD** | | | **MM** | **AA** |
| **Agente de Tránsito** | |  | | | | | | | | | | | | |
| **No. Identificación** | |  | | | | | **No. de placa** | | | | |  | | |
| **LUGAR DE SERVICIO** | | | | | | | | | | | | | | |
| **Dirección** |  | | | | | | | **Comuna** | | |  | | | |
| **Actividad a realizar** | | | | | **Fecha** | | | | | | **Horas requeridas** | | | |
| **DD** | **MM** | | | **AA** | |
|  | | | | |  |  | | |  | |  | | | |
|  | | | | |  |  | | |  | |  | | | |
|  | | | | |  |  | | |  | |  | | | |
|  | | | | |  |  | | |  | |  | | | |
|  | | | | |  |  | | |  | |  | | | |
|  | | | | |  |  | | |  | |  | | | |
| **Funcionario que solicita** | | | |  | | | | | | | | | | |
| **Justificación** | | |  | | | | | | | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Firma del solicitante**

|  |
| --- |
| **VERIFICACIÓN Y APROBACIÓN DE LA SOLICITUD**  **(Espacio diligenciado por la Dirección de Control de Tránsito y Transporte)** |
| |  | | --- | |  |  |  | | --- | |  |   **APROBADO SI NO** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Firma de quien aprueba**  **Nombre:**  **Cargo:** |