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| FORMULARIO UNIFICADO [FU-01]  Gobierno de Entre Ríos  Consejo General de Educación |

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| ***Rubro 1: Carátula del Trámite*** |

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| TRÁMITE: |  |

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| N° DEL TRÁMITE |  | *03* | *300248* |  | *2021* |
| TIPO | DTO. | CUE | N° | AÑO | |

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| ***Rubro 2: Carátula del Solicitante*** |

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| APELLIDOS: |  |
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| NOMBRES: |  |
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| N° DOC. |  |

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| TIPO DOC: |  | DNI |  | LE |  | LC |

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| SEXO: |  | MASCULINO |  | FEMENINO |

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| ***Rubro 3: Datos del Establecimiento Iniciador*** |

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| NOMBRE y | *Instituto Técnico Superior Concordia* |

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| CUE: | *3000248* |

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| ***Rubro 4: Datos del Trámite*** |

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| FECHA DESDE O DE INICIO |  |

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| FECHA HASTA o DE FINALIZACIÓN |  |

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| ***Rubro 4.1: Designaciones*** |

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| FECHA DE TOMA DE POSESIÓN |  |

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| APELLIDO Y NOMBRE |  |

AGENTE REEMPLAZADO

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| N° DOCUMENTO |  |

**COMPLETAR SOLO PARA DESIGNACIONES POR CONCURSO**

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| ***Rubro 4.2: Licencias*** |

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| REMUNERADA (SI/NO) |  | PORCENTAJE |  |

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| CANTIDAD DIAS |  | OBLIGACIONES |  |

SOLICITADOS

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| NORMA |  | ART. |  | INC. |  |

LEGAL:

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| ***Rubro 4.3: Traslados*** |

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| CAUSA: |  |

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| DESTINO: |  |

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| ***Rubro 4.4: Permutas*** |

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AGENTE PERMUTANTE

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| ***Rubro 4.5: Baja o Cese*** |

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| ***Rubro 5: Descripción del cargo y horas afectadas al trámite*** |

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|  | NOMBRE y N° | | | | | | |  | CUE | | |  | | NIVEL |
| ESTABLECIMIENTO: | *Instituto Técnico Superior Concordia* | | | | | | |  | *3000248* | | |  | | *Superior* |
| Cargo y Materia | | Tur-no | Año/Cur-so | Sección/ División | Cantidad  Ho-ras Cátedra | Sit. Revista | Antigüe-dad | | | Frente a alumnos  SI / NO | Día | | Horario de clase | | |
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| ***Rubro 5: Descripción del cargo y horas afectadas al trámite (continuación)*** |

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|  | NOMBRE y N° | | | | | | |  | CUE | | |  | NIVEL | |
| ESTABLECIMIENTO: |  | | | | | | |  |  | | |  |  | |
| Cargo y Materia | | Tur-no | Año/  Cur-so | Sec  ción/ Divi-sión | Canti-dad  Horas Cátedra | Sit. Revista | Antigüe-dad | | | Frente a alumnos  SI / NO | Día | | | Horario de clase | |
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| ESTABLECIMIENTO: |  |  |  |  |  |

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| ***Rubro 6: Firma de los responsables del trámite*** |

LOS ABAJO FIRMANTES HEMOS CONFECCIONADO ESTE FORMULARIO CON CARÁCTER DE DECLARACIÒN JURADA SIN OMITIR NI FALSEAR DATO ALGUNO QUE DEBE CONTENER. SIENDO FIEL EXPRESIÓN DE LA VERDAD. ESTE TRÀMITE TIENE CARÁCTER DE CONDICIONAL HASTAQUE SEAN VERIFICADO TODOS LOS DATOS EN LA SUBDIRECCIÓN DE RECURSOS HUMANOS DEL CGE, Y EN CASO DE IRREGULARIDADES, EL CGE SE RESERVA EL DERECHO DE ACCIONAR SEGÚN LO INDICA LA NORMATIVA VIGENTE, SOBRE LOS INTERVINIENTES EN EL TRÁMITE

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| FECHA: |  | FECHA: |  | FECHA: |  |

FIRMA Y ACLARACIÓN FIRMA, ACLARACIÓN Y SELLO DEL DIRECTOR FIRMA, ACLARACIÓN Y SELLO DEL

DEL SOLICITANTE DEL ESTABLECIMIENTO INICIADOR RESPONSABLE DE RRHH

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| ***Rubro 7: Autorización del trámite*** |

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| ¿SE AUTORIZA EL TRAMITE? |  | N° RES.: |  | FECHA: |  |

(SI / NO)

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| CARGO DEL FUNCIONARIO AUTORIZANTE |  |

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| OBSERVACIONES: |  | FIRMA, ACLARACION Y SELLO DEL RESPONSABLE DE RRHH |

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| ***Rubro 8: Autorización del trámite*** |

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