**HOJA DE ASISTENCIA DE SERVICIO SOCIAL**

NOMBRE:

MES ­­­­­­­­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| FECHA | HORA DE  ENTRADA | HORA DE SALIDA | HORAS POR DÍA | ACUMULADO DE HORAS | FIRMA DE JEFE (A) DIRECTO (A) |
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| HORAS TOTALES DEL MES: (8) |  |  |  |  | **No. DE CONTROL** (9) |
| HORAS **ACUMULADAS** DEL S. S. (10) |  |  |  |  |  |

NOMBRE, FIRMA DE EL/LA REPRESENTANTE DIRECTO Y SELLO DE LA DEPENDENCIA