**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**