**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 EL/LA JEFE (A) DIRECTO (A) |
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| Horas Totales del Mes: (8) |  |  |  |  | No. de Matrícula (9) |
| Horas acumuladas del  S. S. (10) |  |  |  |  |  |

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