|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | FORMATO ÚNICO DE MOVIMIENTOS DE PERSONAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | VIGENCIA | | | | | | | | | | | | | | | OPERACION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | DIA | | MES | | | | | AÑO | | | | | NO. DE DOCUMENTO | | | | | | | | | | | | | | | | | | LOTE | | | | | | | | | | | QNA | | | | | | | | |
|  | | DEL | | |  | |  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | UNIDAD EXPEDIDORA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | AL | | |  | |  | | | | |  | | | | |
|  | | TIPO DE MOVIMIENTO | | | | | | | | | | | | | | | CODIGO | | | | |  | | | | | | | | | | | | | TIPO DE TRABAJADOR | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | LUGAR Y FECHA DE EXPEDICION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | |  | |  | | |  |
|  | | NUEVO INGRESO | | | | | | | | | | |  | | | | BAJA | | | | | | | | | | | | | | | |  | | BASE | | | | | | | | | | | | | | | | | |  | |
|  | | REINGRESO | | | | | | | | | | |  | | | | REANUDACION DE LABORES | | | | | | | | | | | | | | | |  | | CONFIANZA | | | | | | | | | | | | | | | | | |  | |
|  | | PROMOCION | | | | | | | | | | |  | | | | LICENCIA | | | | | | | | | | | | | | | |  | | INTERINO | | | | | | | | | | | | | | | | | |  | |
| DATOS PERSONALES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | AUMEN  TO | | | | | | | | | | |  | | | | CAMBIO RADICACION DE SUELDOS | | | | | | | | | | | | | | | |  | | PROVISIONAL | | | | | | | | | | | | | | | | | | **X** | |
| FILIACION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | CURP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | DISMINUCIÓN | | | | | | | | | | |  | | | | PRIMA QUINQUENAL | | | | | | | | | | | | | | | |  | | NUMERO DE EMPLEADO | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | PENSION ALIMENTICIA | | | | | | | | | | |  | | | | PREJUBILATORIA | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | DATOS PERSONALES | | | | | | | | | | |  | | | | DESTITULARIZACION | | | | | | | | | | | | | | | |  | |
|  |  | |  | | | |  | | | |  | |  | |  | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  |  | | | |  | | |  | | |  |  | | | |  | |  | | | | |  | | | |  | | | | |  | | |  | | | |  | | | | |  | |  | |  | |  | | | |  | | | |  |  |  | | |  |
| NOMBRE | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | ADSCRIPCION | | | | | | | | | | | | | | | | | | | | | | | | | | | CENTRO DE RESPONSABILIDAD | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| APELLIDO PATERNO | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | APELLIDO MATERNO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | NOMBRE (S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | CLAVE PRESUPUESTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOMICILIO PARTICULAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | A P | | UNIDAD | | | PARTIDA | | | | | | CODIGO | | | | | | | P G | A I | | | | | | | G F | | | | FUNCION | | | | | | SUBFUNCION | | | | | | | | | PUESTO | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  | | | | | |  | | | | | | |  |  | | | | | | |  | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |
| CALLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | NUMERO EXTERIOR | | | | | | | | | | | | | | | |  | | NUMERO INTERIOR | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  | | | | | |  | | | | | | |  |  | | | | | | |  | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | NOMBRE DEL PUESTO | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLONIA | | | | | | | | | | | | | | | | | | | | | |  | | | | | CODIGO POSTAL | | | | | | | | | |  | | | | DELEGACION O MUNICIPIO | | | | | | | | | | | | | | | | | |  | | | | | ESTADO | | | | | | | | | | | | |  | | | | | | TELEFONO | | | | | | | | | | | | | | | | | |  | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | HORARIO ASIGNADO | | | | | | | | | | | | | | | | TIPO DE SERVICIO | | | | | | | | | | | | | | | | | | TRABAJADOR | | | | | | | | | | | | | | | | | | |
| CUENTA BANCARIA | | | | | | | | | | | | | | | | | | | | | | CLABE BANCARIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | 8 HORAS | | | | |  | | POR H S M | | | | | | | |  | MEDICA CONFIANZA | | | | | | | |  | | | RAMA M P A | | | | | | NIVEL | | | | RANGO | | | | | | | | | | | | | | |
| GENERO | | | | ESTADO CIVIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | LUGAR DE NACIMIENTO | | | | | | | | | | | | | | | | | | | | | | | | FECHA DE INGRESO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | 7 HORAS | | | | |  | | OTRO TIPO | | | | | | | |  | M. MEDIO | | | | | | | |  | | | RAMA ADVA | | | | | |  | | | |  | | | | | | | |  | | | |  | | |
|  | | M | |  | | | | SOLTERO | | | | | | | | | | |  | | | DIVORCIADO | | | | | | | | | | | | | |  | | | |  | | | | MEXICANA | | | | | | | | | | | | | | | | GOBIERNO FEDERAL | | | | | | | | | | | | | | | | | | | SECRETARIA DE SALUD | | | | | | | | | | | | | | | | | | | | | |  | |  | 6 HORAS | | | | |  | | | | | | | | | |  | APOYO | | | | | | | |  | | |  | | | | | |
|  | | F | |  | | | | CASADO | | | | | | | | | | |  | | | OTRO | | | | | | | | | | | | | |  | | | |  | | | | MEXICANA POR NATURALIZACION | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | TIPO DE LICENCIA | | | | | | | | | | | | | | | | MOTIVO | | | | | | | | | | | | | | | | | | | | | | | | | | DIAS | | | | | | | | | | |
|  | | | |  | | | | VIUDO | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | EXTRANJERO | | | | | | | | | | | | | | | |  | | CON SUELDO | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| DATOS PRESUPUESTALES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | A MEDIO SUELDO | | | | | | | | | | | | | |  | |
| ANTECEDENTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | SIN SUELDO | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | A P | | | | | | UNIDAD | | | | | | | PARTIDA | | | | | | | | | | CODIGO | | | | | | | | | | | | | | P G | | | | | | | A I | | | | | G F | | | | | FUNCION | | | | | | | | SUBFUNCION | | | | | | | | | | | | | | | PUESTO | | | | | | | | | | | | | |  | | PREPENSIONARIA | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| CLAVE ANTERIOR | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | PERCEPCIONES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADSCRIPCION | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| CLAVE CENTRO DE RESPONSABILIDAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | PARTIDA PRESUPUESTAL | | | | | | | | | | | | | ACTUALES | | | | | | | | | | INCREMENTO O DISMINUCION | | | | | | | | | | | | | | | | | | ACORDADAS | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |  | | | |  | | |
| DATOS DEL SUSTITUIDO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| APELLIDO PATERNO | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | APELLIDO MATERNO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | NOMBRE (S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| FILIACION | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | |  | | | |  | | |  | |  | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | MOTIVO | | | | | | | | | | | | | | | | | | | | | | |  | | | TOTALES | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| EFECTOS DEL | | | | |  | | | | | | | | | | | | | | | | | | | AL | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | JUSTIFICACION Y/O MOTIVOS DEL MOVIMIENTO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | |  | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | |  | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No. | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | |  | | |  | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| T R A B A J A D O R | E L A B O R O | A U T O R I Z O |
|  |  |  |

F02-PR-SRH-02 Rev. 03 DIC 20