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|  | **INSTITUTO NACIONAL DE REHABILITACIÓN**    **DEPARTAMENTO DE OPERACIÓN Y PAGOS** |  |

**NOMBRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.F.C.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QNA.\_\_\_\_\_\_ ÁREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**HORARIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DÍAS DE DESCANSO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO. DE CREDENCIAL\_\_\_\_\_\_\_\_\_ EXTENSIÓN\_\_\_\_\_\_\_\_\_\_\_\_**

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| **FECHA** | **HORA DE ENTRADA** | **FIRMA** | **HORA DE SALIDA** | **FIRMA** | **OBSERVACIONES** |
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