**Semana de: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departamento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Nombre | Lunes | Martes | Miercoles | Jueves | Viernes | Sabado | Domingo | Firma |
| EN |  |  |  |  |  |  |  |  |
| AFUERA |  |  |  |  |  |  |  |  |

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| NOMBRE | Lunes | Martes | Miercoles | Jueves | Viernes | Sabado | Domingo | Firma |
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| NOMBRE | Lunes | Martes | Miercoles | Jueves | Viernes | Sabado | Domingo | Firma |
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Certifico que las horas anteriores que se muestran aquí representan con precisión las horas que trabajé durante este período de pago.

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Firma de Supervisor Fecha