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|  | **PODER PARA ELECCIÓN DE HORAS** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Quien suscribe | |  | | C.I. |  | | | |
| Autoriza a | |  | | C.I. |  | | | |
| a elegir horas en su nombre en el área | | |  | | | | | |
| Lugar |  | | | Fecha | |  |  |  |

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| **CONTROL DE CARGA HORARIA**  **HORAS ASIGNADAS A LA FECHA EN 20…..** | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | |
| ORGANISMO | | DOCENCIA DIRECTA | | | | COORD. | DOCENCIA INDIRECTA | | | | NO DOCENTE | **TOTAL** | | |
| ESCALAF. | | OTROS\* | | BÁSICO | ESCALAF. | OTROS | |
| PRIMARIA | |  | |  | |  |  |  |  | |  |  | | |
| SECUNDARIA | |  | |  | |  |  |  |  | |  |  | | |
| C.E.T.P. | |  | |  | |  |  |  |  | |  |  | | |
| FORMACIÓN  DOCENTE | |  | |  | |  |  |  |  | |  |  | | |
| OTROS\*\*  ORGANISMOS | |  | |  | |  |  |  |  | |  |  | | |
| TOTAL  ADM. PÚBLICA | |  | |  | |  |  |  |  | |  |  | | |
| Quien suscribe manifiesta: que las cargas horarias que anteceden refieren a “**carga horaria presupuestal**”; que conoce y acepta las previsiones contenidas en el Estatuto del Funcionario Docente, así como el régimen en materia de acumulaciones de sueldos y funciones. | | | | | | | | | | | | | | |
| \* Otros: Horas por Proyecto, etc. | | | | | | | | | | | | | | |
| \*\*Indicar Organismo | | | | | | | | | | | | | | |
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|  | | | | | **FIRMA** | | | | |  | | | | |
| CONTRAFIRMA: | |  | | | | | | | | | | |

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| **Observaciones**: El presente formulario debe ser acompañado con las fotocopias de Cédula de Identidad del representado y del representante. | | | | |
| **Informe complementario:** | |  | | |
| El docente ocupa el lugar | |  | del registro |  |
| Elige |  | | | |

OYM 42716