**PANILLA DE ASISTENCIA**

NOMBRE Y APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DNI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PERÍODO 2025**

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| **FECHA** | **HORAS Aclarar:** **(Mes/Semana)** | **ACTIVIDADES** | **RESPONSABLES** | **FIRMA CONTROL** |
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