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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>SOLICITUD DE PERMISO</b> | <b>KP-F-TH-28</b><br>V.2<br><b>SEP-2023</b> |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| <b>Nombres y apellidos:</b> _____<br><b>DNI:</b> _____<br><b>Departamento que labora:</b> _____<br><b>Fecha (dd/mm/aa):</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                             |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| <b>Tiene permiso para ausentarse de la empresa por:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                             |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
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| 1.-Asuntos Personales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | 5.-Gestión para la empresa                  |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| 2.-Enfermedad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | 6.-Cita Médica                              |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| 3.- Paternidad/ Maternidad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | 7.-Otros (Explique ¿cuál?)                  |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| 4.-Calamidad domestica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                             |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| <b>Fechas del permiso: Desde (                    ) Hasta (                    )</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                             |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| Desde (hora): _____ Hasta (hora): _____ TOTAL HORAS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                             |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| <b>Motivo:</b> _____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>Firma Empleado</span> <span>Firma Jefe Inmediato</span> <span>Firma Talento Humano</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                             |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SOLICITUD DE PERMISO</b> | <b>KP-F-TH-28</b><br>V.2<br><b>SEPTIE-2023</b> |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| <b>Nombres y apellidos:</b> _____<br><b>DNI:</b> _____<br><b>Departamento que labora:</b> _____<br><b>Fecha (dd/mm/aa):</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
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| 2.-Enfermedad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | 6.-Cita Médica                                 |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
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| Desde (hora): _____ Hasta (hora): _____ TOTAL _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                                |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
| <b>Motivo:</b> _____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                |                       |  |                            |  |               |  |                |  |                            |  |                            |  |                        |  |  |  |
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