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| **UNIVERSIDAD ESTATAL A DISTANCIA** | | | | | | | | |
| **OFICINA DE RECURSOS HUMANOS** | | | | | | |  | |
| **Unidad de Servicios al Personal** | | | |  |  |  |  |



**DECLARACION JURADA DE JORNADA DE TRABAJO**

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| Funcionario(a) | | | | | | | | | | | | | | | | | | *Número de cédula* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| *Dependencia* | | | | | | | | | | | | | | | | | | *Puesto* | | | | | | | | | | | |
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| **VIGENCIA DE LA DECLARACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESDE** | |  | |  | | | | |  | | | **HASTA** | | | | | | |  | | | | |  | | |  | | |
| Día | | Mes | | | | | Año | | | Día | | | | | Mes | | | Año | | |
| **TIPOS DE JORNADA: 1/4: 10.5 horas ½ : 21 horas 3/4: 32 horas T.C.: 42.5 horas** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lugar de trabajo | Jornada | | | | Total horas semanales | | Lunes | | | | | Martes | | | Miércoles | | | Jueves | | | | Viernes | | | Sábado | | | Domingo | |
| DE | | | A | | DE | A | | DE | | A | DE | | A | | DE | A | | DE | A | | DE | A |
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| **Observaciones:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Información adicional que debe brindar (todos los campos son obligatorios)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Es usted pensionado(a)? | | | | | | | | NO | | | | SI (anote el régimen de pensión) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ¿Ha recibido pago de cesantía (prestaciones)? | | | NO | | | SI | | | | | Institución o empresa que hizo el pago de cesantía | | | | |  | | | | | | | | | | | | | |
| Fecha del pago | | | | |  | | | | | | | | | | | | | |
| **Declaro bajo la fe del juramente, que la información proporcionada aquí es cierta y que conozco la prohibición establecida en el Convenio de Coordinación de la Educación Superior Universitaria Estatal y el artículo 21, inciso c) del Estatuto de Personal, relacionados con la jornada máxima laboral. Apercibido(a) estoy de las penas con las que la Ley castiga el delito del Falso Testimonio y de las sanciones disciplinarias respectivas.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre del funcionario(a) | | | | | | | | | | | | | | Firma | | | | | | | Fecha | | | | | | | | |
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| Nombre del superior inmediato(a) | | | | | | | | | | | | | | Firma | | | | | | | Fecha | | | | | | | | |