**SERVICIO SOCIAL**

**CONTROL DE HORAS**

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| Nombre del prestador/a: |  | | |
| No. De Cuenta: |  | Carrera: |  |

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| Nombre del Programa: |  | Clave del Programa: |  |
| Institución: |  | Responsable: |  |
| Fecha de inicio de SS: |  | Horario de actividades: |  |

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|  | **Semana 1**  **Del -----al --------** | | **Semana 2**  **Del -----al --------** | | **Semana 3**  **Del -----al --------** | | **Semana 4**  **Del -----al --------** | |
| **Día** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** |
| Lunes |  |  |  |  |  |  |  |  |
| Martes |  |  |  |  |  |  |  |  |
| Miércoles |  |  |  |  |  |  |  |  |
| Jueves |  |  |  |  |  |  |  |  |
| Viernes |  |  |  |  |  |  |  |  |
| Sábado |  |  |  |  |  |  |  |  |
| Domingo |  |  |  |  |  |  |  |  |

Horas acumuladas hasta la fecha: \_\_\_\_\_\_\_\_.

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|  | **Semana 1**  **Del -----al --------** | | **Semana 2**  **Del -----al --------** | | **Semana 3**  **Del -----al --------** | | **Semana 4**  **Del -----al --------** | |
| **Día** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** |
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Horas acumuladas hasta la fecha: \_\_\_\_\_\_\_\_.

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|  | **Semana 1**  **Del -----al --------** | | **Semana 2**  **Del -----al --------** | | **Semana 3**  **Del -----al --------** | | **Semana 4**  **Del -----al --------** | |
| **Día** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** |
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Horas acumuladas hasta la fecha: \_\_\_\_\_\_\_\_.

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|  | **Semana 1**  **Del -----al --------** | | **Semana 2**  **Del -----al --------** | | **Semana 3**  **Del -----al --------** | | **Semana 4**  **Del -----al --------** | |
| **Día** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** |
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Horas acumuladas hasta la fecha: \_\_\_\_\_\_\_\_.

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|  | **Semana 1**  **Del -----al --------** | | **Semana 2**  **Del -----al --------** | | **Semana 3**  **Del -----al --------** | | **Semana 4**  **Del -----al --------** | |
| **Día** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** |
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Horas acumuladas hasta la fecha: \_\_\_\_\_\_\_\_.

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|  | **Semana 1**  **Del -----al --------** | | **Semana 2**  **Del -----al --------** | | **Semana 3**  **Del -----al --------** | | **Semana 4**  **Del -----al --------** | |
| **Día** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** | **Hora de Entrada** | **Hora de Salida** |
| Lunes |  |  |  |  |  |  |  |  |
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Horas acumuladas hasta la fecha: \_\_\_\_\_\_\_\_.

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| **Prestador de Servicio Social (Alumno/a)**  Nombre y firma |

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| **Vo.Bo.** |
| **Nombre Responsable**  Cargo y nombre de la Institución receptora |
| **Vo.Bo.** |
| **Lic. Erika Salgado Martínez**  Coordinadora de Asuntos Estudiantiles  Escuela Nacional de Ciencias de la Tierra |

**\*LA INSTANCIA RECEPTORA DEBERÁ FIRMAR Y SELLAR TU CONTROL DE HORAS ENTREGAR EN LA COORDINACIÓN DE SERVICIO SOCIAL AL TÉRMINO DE TU SERVICIO SOCIAL JUNTO CON EL INFORME FINAL.**