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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Datos generales | | | | | | | | | | |
| Nombre (s) | | | | | Primer apellido | | | Segundo apellido | | |
|  | | | | |  | | |  | | |
| Área de adscripción | | | | | | Cargo | | | | |
|  | | | | | |  | | | | |
| Tipo de reporte | | | | Fecha inicial | | Fecha final | | | | |
| Ausencia |  | Permiso |  |  | |  | | | | |
| Total de días | | |  | | | | | | | |
| Motivos de la solicitud | | | | | | | | | | |
|  | | | | | | | | | | |
| Permisos Médico | | | | | Marque con una “x” su motivo | | Anexos | | |
| Cita especialista | | | | |  | |  | | |
| Laboratorio | | | | |  | |  | | |
| Medicina general | | | | |  | |  | | |
| Odontología | | | | |  | |  | | |
| Enfermedad de su descendencia | | | | |  | |  | | |
| Incapacidades expedidas por el IMSS | | | | |  | | | | |
| Enfermedad general | | | | |  | |  | | |
| Accidentes laborales | | | | |  | |  | | |
| Maternidad | | | | |  | |  | | |
| Licencias (CINDAH) | | | | |  | | | | |
| Licencia de paternidad | | | | |  | |  | | |
| Cuidado y asistencia de terceros | | | | |  | |  | | |
| Permisos (Reglamento Interno Artículo 29) | | | | |  | | | | |
| Matrimonio | | | | |  | |  | | |
| Fallecimiento de parientes segundo grado | | | | |  | |  | | |
| Accidentes o enfermedades graves de primera línea | | | | |  | |  | | |
| Afectación de bienes | | | | |  | |  | | |
| Requerimiento judicial | | | | |  | |  | | |
| Grado académico | | | | |  | |  | | |
| Permisos Personales | | | | | Reposición | | Descuento | | Oficio |
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| Solicitante | | | | |  | Aprobó | | | | |  | Revisó | | | | |  | Autorizó | | | | |
| Fecha de solicitud | | | | |  | Fecha de aprobación | | | | |  | Fecha de revisión | | | | |  | Fecha de autorización | | | | |
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| Firma de quien solicita | | | | |  | Nombre y Firma de Jefe Inmediato | | | | |  | Nombre y Firma del Departamento de Recursos Financieros y Humanos | | | | |  | Firma de Rectoría | | | | |