

Acompaña al Certificado Médico de fecha …………/…………./………………..

**DATOS HORAS CÁTEDRA/S**

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| **ORD** | **ID. SARH** | **L** | **M** | **M** | **J** | **V** | **NOMBRE DE LA MATERIA** | **Cur** | **Div** | **Tur** | **SR** |
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**DATOS DEL CARGO**

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| **ORD** | **ID. SARH** | **DENOMINACIÓN DEL CARGO** | **Situación de revista**  |
| 1 |  |  |  |
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Acompaña al Certificado Médico de fecha …………/…………./………………..

**DATOS HORAS CÁTEDRA/S**

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| **ORD** | **ID. SARH** | **L** | **M** | **M** | **J** | **V** | **NOMBRE DE LA MATERIA** | **Cur** | **Div** | **Tur** | **SR** |
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**DATOS DEL CARGO**

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| **ORD** | **ID. SARH** | **DENOMINACIÓN DEL CARGO** | **Situación de revista**  |
| 1 |  |  |  |
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