**INFORME 018-2024/ME/DREP/DUGEL-C/DIEI-696 CANGALLI ACHATUYO**

**SEÑOR :** Dra. :Norka Belinda QORI TORO

**DIRECTOR DE LA UNIDAD DE GESTIÓN EDUCATIVA LOCAL EL**

**COLLAO.**

**DE** : Prof. ROSALIA FLORES VENTURA

**Directora de la I.E.I. 696 Cangalli Achatuyo**

**ASUNTO : REMITE INFORME DE ASISTENCIA MENSUAL DE LA I.E.I. Nº 696 “CANGALLI ACHATUYO” – AGOSTO– 2024.**

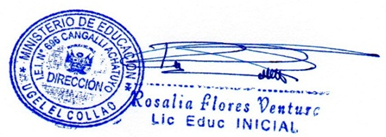
**Fecha :** Ilave, septiembre del 2024

Tengo el grato honor de dirigirme a usted, para informarle sobre la asistencia mensual del personal docente de la dirección a mi cargo de la Institución Educativa Inicial N° 696 “CANGALLI ACHATUYO” jurisdicción de la Unidad de Gestión Educativa Local El Collao, correspondiente al mes de Agosto 2024. Ya que el personal está realizando clases presenciales según RVM Nª 0-2024 -MINEDU **y** por el cuidado de la salud de los niños y niñas de la institución Cuyo consolidado especifica en el presente cuadro y es como sigue.

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| **Nº** | **APELLIDOS Y NOMBRES** | **CARGO** | **DÍAS LABORADOS** | **DIAS NO LABORADAS** | **OBSERVACIONES** |
| 01 | FLORES VENTURA, Rosalía | Directora (e) | 21 días | - | Sin novedad |

Es todo cuanto informo a Usted, para los casos administrativos que estime conveniente.

Atentamente,



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ANEXO 03** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FORMATO N° 01: REPORTE DE ASISTENCIA DETALLADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DRE/UGEL** | | : EL COLLAO | | | |  |  |  |  |  |  |  | **PERIODO(mes/año)** | | | | | | | | Agosto 2024 | | | | | | | | | | | | | | | |
| **I.E.** | | : IEI N° 696 CANGALLI ACHATUYO | | | |  |  |  |  |  |  |  | **Turno** | | | | | | | | MAÑANA | | | | | | | | | | | | | | | |
| **Nivel/Modalidad Educativa** | | | : INICIAL | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **N°** | **DNI** | **Apellidos y Nombres** | **Cargo** | **Condición** | **Jor. Lab.** | **DIAS CALENDARIOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| J | **V** | **S** | **D** | **L** | **M** | **M** | **J** | **V** | **S** | **D** | **L** | **M** | **M** | **J** | | **V** | **S** | **D** | **L** | **M** | **M** | **J** | **V** | **S** | **D** | **L** | **M** | **M** | **J** | **V** |
| 1 | 41570335 | FLORES VENTURA ,Rosalía | direct € | nombrado | 40 | A | A |  |  | A | A | A | A | A |  |  | A | A | A | A | | A |  |  | A | A | A | A | A |  |  | A | A | A | A | F |
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| **LEYENDA:** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| A | Día laborado | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I | Inasistencia injustificada | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3T | Tercera Tardanza, considerada como inasistencia injustificada | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| J | Inasistencia justificada(licencia, permiso, vacaciones) | | | | ......................................................  Director I.E.   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | ......................................................  V°B° CONEI/APAFA | | | | | | | | | | | | |
| L | Licencia sin goce de remuneraciones | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |
| P | Permiso sin goce de remuneraciones | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |
| T | Tardanza | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |
| H | Hualga o paro | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | | | | | | | | | |
| F | Feriado | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Base Legal: RSG. N° 326-2017-MINEDU; Oficio Mullt. N° 035-2017-MINEDU/VMGI-OAD-URM-CGAP. | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **ANEXO 04** | | | | | | | | | | | | | | | | | |
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| **FORMATO N° 02: REPORTE CONSOLIDADO DE INASISTENCIA, TARDANZAS Y PERMISOS SIN GOCE DE REMUNERACIONES** | | | | | | | | | | | | | | | | | |
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| **DRE/UGEL** | | : EL COLLAO | | | |  |  |  | **PERIODO(mes/año)** | | | | AGOSTO 2024 | | | | |
| **I.E.** | | : IEI N° 696 CANGALLI ACHATUYO | | | |  |  |  | **Turno** | | | | MAÑANA | | | | |
| **Nivel/Modalidad Educativa** | | | : INICIAL | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| **N°** | **DNI** | **Apellidos y Nombres** | **Cargo** | **Condición** | **Jor. Lab.** |  | **Inasistencias Días** |  | **Tardanzas** | |  | **Permisos Sin Goce** | |  | **Huelga/Paro** |  | **Observaciones** |
|  |  | **Horas** | **Minutos** |  | **Horas** | **Minutos** |  | **Días** |  |
| 1 | 41570335 | FLORES VENTURA ,Rosalía | direct € | Nombrada | 40 |  | 0 |  | 0 | 0 |  | 0 | 0 |  | 0 |  |  |
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|  |  | ......................................................  Director I.E. |  |  |  |  | ......................................................  V°B° CONEI/APAFA |  |  |  |  |  |  |  |  |  |  |