**SOLICITUD DE RECATEGORIZACIÓN 2020**

**DOCENTES HOMOLOGADOS**

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| **NOMBRE DEL TRABAJADOR:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APELLIDO PATERNO | | | | | | | | | | | | | APELLIDO MATERNO | | | | | | | | | | | | | | | NOMBRE(S) | | | | | | | | | | |
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| **TIPO DE NOMBRAMIENTO:** | | | | | | | ILIMITADO ( )  BASE ( ) | | | | | | | | | | | | **TIPO DE SOLICITUD:** | | | | | | | | | | | ( ) COMPACTACION  ( ) RECATEGORIZACION | | | | | | | | |
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| **CLAVE(S) PRESUPUESTAL(ES) SUJETA(S) A PROCESO: CATEGORÍA SOLICITADA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CLAVE DEL CENTRO DE TRABAJO:** | | | | | | | | | | | | | | | | | | | **NOMBRE DE CENTRO DE TRABAJO:** | | | | | | | | | | | | | | | | | | | |
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| **TEL. DEL CENTRO DE TRABAJO (CON LADA):** | | | | | | | |  | | | | | | | | | | | **TEL. PARTICULAR (CON LADA):** | | | | | | | | |  | | | | | | | | | | |
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| **DOCUMENTACIÓN ENTREGADA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EL PERSONAL DOCENTE CON PLAZAS HOMOLOGADAS PODRÁ SOLICITAR LA COMPACTACIÓN CORRESPONDIENTE A LA PLAZA EQUIVALENTE PRESENTANDO LA DOCUMENTACIÓN ENGARGOLADA Y EN RIGUROSO ORDEN:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. SOLICITUD DEDIDAMENTE REQUISITADA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. COPIA LEGIBLE DEL FORMATO ÚNICO DE PERSONAL (FUP), DONDE SE ESPECIFICA LAS PLAZAS A COMPACTAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. DOCUMENTACIÓN COTEJADA QUE AVALE EL CUMPLIMIENTO DE REQUISITOS ESTABLECIDOS EN LA CATEGORÍA A COMPACTAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **PARA RECATEGORIZACIÓN DEBERÁ PRESENTARSE ENGARGOLADA EN RIGUROSO ORDEN SEGÚN CATEGORÍA SOLICITADA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. SOLICITUD DEBIDAMENTE REQUISITADA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. COPIA LEGIBLE DEL FORMATO ÚNICO DE PERSONAL (FUP), DONDE SE ESPECIFICA LA PLAZA A RECATEGORIZAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. DOCUMENTACIÓN COTEJADA QUE AVALE EL CUMPLIMIENTO DE REQUISITOS ESTABLECIDOS EN LA CATEGORÍA A RECATEGORIZAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **NOMBRE Y FIRMA DEL SOLICITANTE** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| LUGAR Y FECHA | | | | | | | | | | | | | | | | | | | | | | **SELLO Y FIRMA DE RECIBIDO** | | | | | | | | |  | | | | | | | |