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**LA RIOJA 16 DE ABRIL DE 2025**

**SRA. COORDINADORA GENERAL DE LIQUIDACIONES DE HABERES**

**MINISTERIO DE EDUCACION, CIENCIA Y TECNOLOGIA**

**CRA. ALEJANDRA MANTOVANI**

**SU DESPACHO**

La Dirección de la Escuela de Comercio Nº2, tiene el agrado de dirigirse a Ud., a efecto de elevar **Novedad de ALTA** del Agente que a continuación se detalla; con su documentación correspondiente para el trámite que estime corresponder:

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| **Apellido y Nombre** | **D.N.I.** | **Curso y Div.** | **Horas** | **Carácter** | **Asignatura o Cargo de Alta** | **Fecha de Alta** |
| **MANRIQUE NATALIA JESUS** | **37.415.172** | **6°1°**  **6°1°** | **03Hs**  **04Hs** | **Interino**  **Suplente** | **Auditoria y Control de Gestion**  **Economia y Desarrollo Sustentable** | **11/04/25 (\*)**  **11/04/25 (\*\*)** |
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**Observaciones: Documentación enviada por via Digital.-**

(\*)- Alta por Jubilación Prof. Suplente Ávila Rita -

(\*\*) - Alta por Carpeta Medica Prof. Maidana María Cristina- Atentamente****

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| **Gobierno de la Provincia de La Rioja**  *Ministerio de Educación* | | | | | | | | | | **PLANILLA DE NOVEDADES DOCENTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **ND-01** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| CUE: | 4600 ( 197) Denominación de Escuela | | | | | | | | | | | | | | | | | | | | | | | | **Esc. Pcial de Comercio Nº 2 “Inpector Carlos A. Lanzillotto”** | | | | | | | | | | | | | | | | | | | | | | |
| Documento | **37.415.172** | | | | | | | **Agente** | | | | | | | | **MANRIQUE NATALIA JESUS** | | | | | | | | | | | | | | | | | | | | | | | **Fecha** | | | | 16/04/25 | | | | |
| Plazas Afectadas: | | | |  | | Todas las que ejerce el AGENTE en la Escuela Nombre del ocupante actual: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUPOF 1: | **4600197-0 -ETP-6-1-Prof.-Auditoria y Control de Gestión -T-28/07/2004-PP-3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | |
| CUPOF 2: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| CUPOF 3: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| CUPOF 4: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| CUPOF 5: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Movimiento | **X** | | **Alta** | | | | | | | | | | | | | | | | | | | |  | | |  | | | | **Baja** | | | | | | | | | |  | Firma y sello de la autoridad Escolar | | | | | |
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| Inicio de Alta  Fin Alta. | | | | | | 11/04/25 | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Motivo | | | | | R | C | | T | P |  | | | |
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| Sit. Revista | | | | | | | | T | | | I  \* | | | S | | | V | |  | | |  | | | | | | | | | | | | | |
| I | **Inicio de Licencia**. | | | | | | | | | | | | | | | | | | | | | |  | | | F | | **Fin de Licencia** | | | | | | | | | | |  | Conformidad Agente: | | | | | |
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|  | Fecha  Término previsto | | | | | | | | | | | / / | | | | | | | | |  | | Fecha: | | | | | |  | | | | |  | |
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| Continuidad Suplente fecha hasta: / / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | : | | | | | |
| * Observación: - - Alta por Jubilación Prof. Suplente Ávila Rita - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Casos en lo resulta obligatorio el informe de otro movimiento en la parte inferior siguiente.** |
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| Si ha informado un Alta de Titular o interino en una plaza Ocupada debe informar la Baja del ocupante anterior |
| Si ha informado el Inicio de Licencia de un Agente, debe Informar el Alta de quien lo Suple (si lo hubiere) |
| si ha informado el fin de licencia de un Agente, debe informar la Baja de quien lo Suple (si lo hubiere) |

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| |  | | --- | | WhatsApp Image 2022-04-05 at 8ZONA: CAPITAL LA RIOJA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Fecha  Término previsto | | | | | | | | | | | / / | | | | | | | | |  | | Fecha: | | | | | |  | | | | |  | |
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| * Observación: - - Alta por Carpeta Medica Prof. Maidana Maria Cristina- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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