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| **PERSONAL ASIMILABLE A SALARIO** | | | | | | |
| **NOMBRE** | **UNIDAD ADMINISTRATIVA DONDE PRESTA EL SERVICIO** | **TIPO DE SERVICIO QUE PRESTA** | **HONORARIO ASIMILADO A SALARIO** | **ORIGEN DEL RECURSO** | **FECHA DE CONTRATO** | |
| **INICIO** | **TÉRMINO** |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
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| **Entrega** |
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| **firma autógrafa** |

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| **Recibe** |
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