CERTIFICACIÓN DE SERVICIOS DOCENTES

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| ESCUELA N° |  |  |
| APELLIDO Y NOMBRE |  | D.N.I |  |
| INGRESO AL ESTABLECIMIENTO |  | LOCALIDAD |  |

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| ESPACIO CURRICULAR | NIVEL/ ORIENT. | CURSO/ DIVISIÓN | TURNO | HS. | SIT.DE REVISTA | ALTA | BAJA | LICENCIA |
| D | M | A | D | M | A | ART | DESDE | HASTA |
| D | M | A | D | M | A |
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CONCEPTO DEL AÑO INMEDIATO ANTERIOR

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| PROFESOR |  |
| CARGOS |  |

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| OBSERVACIONES |  |
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| LUGAR Y FECHA |  |  |



Firma del Secretario o Supervisor

Firma del Director de la Escuela

Sello de la Escuela

Habiendo leído los datos precedentes, firmo en conformidad de los mismos

NOTA: Se recuerda que la presente Certificación de Servicios sólo será válida cuando esté firmada por el Director del establecimiento educativo y refrendada por el Secretario del mismo o por el Supervisor del Nivel.