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| **PARTES DE ASISTENCIA DE LA CONVOCATORIA DE AYUDAS DE REFUERZO DE LA EMPLEABILIDAD DE PERSONAS JÓVENES CON DISCAPACIDAD PSICOSOCIAL POEJ 2020** | | | |
| Nº Expediente del proyecto: | | Entidad beneficiaria: | **Sesiones Grupales** |
| MES: | SEMANA: | Horas totales semana: |  |

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|  |  | **LUNES**  **\_\_/\_\_/2020** | | **MARTES**  **\_\_/\_\_/2020** | | **MIÉRCOLES**  **\_\_/\_\_/2020** | | **JUEVES**  **\_\_/\_\_/2020** | | **VIERNES**  **\_\_/\_\_/2020** | |
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| Firma y Sello Entidad Firma Formador/a | | | | | | | | | | | |

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| **PARTES DE ASISTENCIA DE LA CONVOCATORIA DE AYUDAS DE REFUERZO DE LA EMPLEABILIDAD DE PERSONAS JÓVENES CON DISCAPACIDAD PSICOSOCIAL POEJ 2020** | | | |
| Nº Expediente del proyecto: | | Entidad beneficiaria: | **Sesiones Grupales** |
| MES: | SEMANA: | Horas totales semana: |  |

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|  |  | **LUNES**  **\_\_/\_\_/2021** | | **MARTES**  **\_\_/\_\_/2021** | | **MIÉRCOLES**  **\_\_/\_\_/2021** | | **JUEVES**  **\_\_/\_\_/2021** | | **VIERNES**  **\_\_/\_\_/2021** | |
|  |  | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin |
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| Firma y Sello Entidad Firma Formador/a | | | | | | | | | | | |