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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 Individuales** |
| MES: | Total horas mes: |  |

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| **ALUMNA/O:** |  |
| **TUTORA/OR** |  |

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| **Día del Mes** | **TUTORIA** | **Horas Totales Tutoría** | **Intervención / Observaciones** | **FIRMA** |
| **Hora de entrada** | **Hora de salida** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |
|  | **TOTAL HORAS MES** |  |  |  |

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| Firma y sello de la entidad Firma del Profesional   |