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| **PARTES DE ASISTENCIA A LA FORMACIÓN ESPECÍFICA PARA EL PUESTO DE TRABAJO**  **CONVOCATORIA DE AYUDAS ECONOMICAS DE SELECCIÓN DE OPERACIONES PARA LA REALIZACIÓN DE ITINERARIOS PERSONALIZADOS DE EMPLEO PARA PERSONAS CON DISCAPACIDAD. AÑO 2022-2023 (POISES)** | | | |
| Nº Expediente de la operación: | | Entidad beneficiaria: | Formación Especifica: |
| MES: | SEMANA: | Horas totales semana: |  |

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|  |  | **LUNES**  **\_\_/\_\_/202..** | | **MARTES**  **\_\_/\_\_/202..** | | **MIÉRCOLES**  **\_\_/\_\_/202..** | | **JUEVES**  **\_\_/\_\_/202..** | | **VIERNES**  **\_\_/\_\_/202..** | |
|  |  | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin | H. inicio | H. fin |
|  |  | Total Horas día: | | Total Horas día: | | Total Horas día: | | Total Horas día: | | Total Horas día: | |
| Nº | NOMBRE Y APELLIDOS | FIRMAS | | | | | | | | | |
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| **Firma y sello de la entidad Firma del Formador/a** | | | | | | | | | | | |