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| **PARTES DE ASISTENCIA A FORMACIÓN TEÓRICA**  **Convocatoria de ayudas económicas de selección de operaciones para el refuerzo de la empleabilidad de personas con discapacidad “UNO A UNO” POISES 2022- 2023** | | | |
| Nº Expediente del proyecto: | | Entidad beneficiaria: |  |
| MES: | SEMANA: | Horas totales semana: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 | | | | | | | | | |
| 1 |  |  | |  | |  | |  | |  | |
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| 9 |  |  | |  | |  | |  | |  | |
| 10 |  |  | |  | |  | |  | |  | |
| **Firma y sello de la entidad Firma del Formador/a** | | | | | | | | | | | |