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| NOMBRE DEL DOCENTE | | | | | | PROGRAMA | | | JORNADA | | | SEMESTRE | FECHA INASISTENCIA | | | No HORAS | MOTIVO INASISTENCIA | | | | OBSERVACIONES / COMENTARIOS |
| M | T | N | DD | MM | AAAA | LABORAL | INCAP. | CALAMIDAD | OTRO |
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