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| **SOLICITUD DE LICENCIA ESPECIAL Y** EXTRAORDINARIA |

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| LICENCIA PARCIAL |  | LICENCIA TOTAL |  |

La solicitud debe presentarse en Montevideo con 30 días de antelación.

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| **DATOS PERSONALES:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| APELLIDOS Y NOMBRES: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C.I.: |  | | | | | DOMICILIO: | | | | | | | |  | | | | | | | | | | | | | | | TEL.: | | |  | | |
| CORREO ELECTRÓNICO: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CARGOS DOCENTES Y NO DOCENTES QUE OCUPA:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| CARGO/ASIGNATURA | | | | | | | | | | | | | | | | | | HS. SEM. | | REPARTICIÓN | | | | | | | | | CARÁCTER CARGO | | | | | |
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| **LICENCIA SOLICITADA:** | | | | | | | | | |
| CARGO/ASIGNATURA | | | | | | | | | | | | | | | | | | HS. SEM. | | REPARTICIÓN | | | | | | | | | CARÁCTER CARGO | | | | | |
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| DESDE: | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | | | | | HASTA: | | | | | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | | | | CON SUELDO: | | |  | | --- | |  | | | SIN SUELDO: | | | | | |  | | --- | |  | |
| **MOTIVO:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ART. DOC.: | | | | |  | | 70.9 | | | | | |  | | --- | |  | | | | 70.14 | | | | |  | | --- | |  | | | 75 | |  | | --- | |  | | | | | ART. NO DOC.: | | 67 | | |  | | --- | |  | | 68 | | |  | | --- | |  | | |
| COMPROBANTE ADJUNTO DE: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **DECLARO QUE INCLUYO TODOS LOS CARGOS POR LOS QUE SOLICITO LICENCIA Y QUE PRESENTO ESTA SOLICITUD EN LA REPARTICIÓN DONDE TENGO MAYOR CARGA HORARIA, COMPROMETIÉNDOME A COMUNICAR DE INMEDIATO EN FORMA ESCRITA A LOS DIRECTORES/JEFES DE LAS DEMÁS REPARTICIONES DONDE SOLICITO LICENCIA.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FECHA: | | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | | | | | | | | | | | | | | | | |  | | --- | |  | | FIRMA DEL SOLICITANTE | | | | | | | | | | | | |

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| **DIRECCIÓN ESCOLAR / JEFE REPARTICIÓN:** | | | |  | | | |
| FECHA DE  ENTRADA: | |  |  |  | | --- | --- | --- | |  |  |  | | | REPARTICIÓN/ ESCUELA: | |  | P.T.: |  |
| TOMADO CONOCIMIENTO ESTA JEFATURA MANIFIESTA SU: ACUERDO  DESACUERDO  CON LA SOLICITUD | | | | | | | |
| MOTIVOS: | | | | | | | |
| FECHA DE SALIDA: | | |  |  |  | | --- | --- | --- | |  |  |  |  |  | | --- | |  | | FIRMA DEL RESPONSABLE | | | | | | |
| **ENVIAR POR MAIL ESCANEADO EN 48 HS. A DEPTO. ADM. DOCUMENTAL: expdocumental@utu.edu.uy** | | | | | | | |
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