



| Fecha | Hora entrada | Hora salida | Nombre funcionario policial | Cantidad de horas | Firma         | OBSERVACIONES |
|-------|--------------|-------------|-----------------------------|-------------------|---------------|---------------|
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|       |              |             |                             | SUBTOTAL          | TOTAL DEL MES |               |

\_\_\_\_\_  
Firma del (la) Mtro.(a) Director (a)

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Aclaración de firma