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| Nº Procedimiento | **035561** |
| Código SIACI | SK5K  |

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| **ANEXO VI** **CONTROL FIRMAS ÁREA LABORAL COFINANCIADA POR FONDO SOCIAL EUROPEO** |

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| **Centro Mujer**  |  | **Localidad** |  | **Provincia** |  |
| **Nombre y Apellidos personal área laboral** |  |

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| **Mes:** |  | **202** |

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| Día laborable | Horas | Firma | Incidencias |
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| **Conformidad de la persona representante de la entidad sin ánimo de lucro**  | **Certificado de la Secretaría-Intervención o Secretaría de la entidad local con el Vº Bº de la Alcaldesa/e-Presidenta/e**  |
| **Fdo:**  | **Certificado****Fdo:**  | **Vº Bº****Fdo:**  |