**PARTE MENSUAL DE ASISTENCIA DEL PERSONAL CONTRATADO**

**AYUDAS PARA LA FORMACIÓN DE PERSONAL INVESTIGADOR EN CENTROS PÚBLICOS DE INVESTIGACIÓN Y EN EMPRESAS 2019**

Entidad:

Localidad:       Provincia:       MES:

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| Nombre y Apellidos | DNI | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Instrucciones cumplimentación: T asiste al trabajo; F día festivo o no laborable; B baja médica; A absentismo; V vacaciones

*En el caso de que el importe diario abonado haya sido inferior al importe diario de la subvención concedida debe indicarlo a continuación, expresando los días, la causa y el importe diario abonado al trabajador:*

D/Dª      , Director/a Gerente de la Entidad arriba indicada

En      , a       de       de

DIRECTOR/A GERENTE