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| PARTE HORARIO | | | | | | | | | | | | | | | | | |
| D./ Dña. |  | | | | | | | | | | | | | | | | |
| Con el puesto de |  | | | | | | | | | | | | | | | | |
| Dentro de la Empresa/ Entidad | | | |  | | | | | | | | | | | | | |
| Certifica su participación en el proyecto con ID | |  | | | | | | | Para el año | | | | |  | | | |
| Nº total de horas | |  | | | | | | | | | | | | | | | |
|  | Ene | | Feb | | Mar | Abr | May | Jun | | Jul | Ago | Sep | Oct | | Nov | Dic |
| Nº horas |  | |  | |  |  |  |  | |  |  |  |  | |  |  |
| ID de las actividades en las que ha participado |  | |  | |  |  |  |  | |  |  |  |  | |  |  |

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| Firma del trabajador | |
| Fdo. |  |
| Fecha: |  |