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| **PROVINCIA DEL CHACO****MINISTERIO DE EDUCACIÓN, CULTURA,** **CIENCIA Y TECNOLOGÍA**  |  |
| FORMULARIO CF-01CAMBIO DE FUNCIONES DEL PERSONAL DOCENTE |

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| **Organismo Solicitante:** Domicilio  |
| **Apellido del Docente:**  |
| *(Especificar apellido de soltera y casada si corresponde)* |
| Nombre: Género:  |
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| DNI Nº   Domicilio Localidad  |
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Localidad o Paraje  ……………………………………………Firma Director Unidad Educativa |

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Localidad o Paraje  ……………………………………………Firma Director Unidad Educativa |

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Localidad o Paraje  ……………………………………………Firma Director Unidad Educativa |

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**Periodo de Afectación:** Desde: / / Hasta: / /

**Funciones y Áreas a afectar:** ……………………………………………………………………………………………………...............................................

**Motivo de la Solicitud:** ………………………………………………………………………………………………………………………………………….

**Fecha: / /**  **Notificación del Docente:** La firma de la solicitud por parte del docente implica la

 Aceptación de los términos establecidos en el Art. 349 de la ley 647-E Estatuto del Docente (T.V)

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 Firma y Sello del Organismo Solicitante Conformidad del Docente

Informe de Subsecretaría de Educación dependiente del MECCyT………………………………………………………………………………………….

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Firma y sello de Subsecretaría de Educación