|  |  |  |  |
| --- | --- | --- | --- |
| FECHA |  | FUNCIONARIO QUE IMPARTE LA CAPACITACIÓN |  |
| LUGAR |  |
| TEMA |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nombre de los Asistentes  | No Identificación | Cargo | Área | Correo Electrónico | Firma |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |