

HORARIOS DE SERVICIOS ASIGNADOS



AUXILIAR: _____

MUNICIPIO: _____

| CASO | HORAS SEMANA | | HORARIO DE ATENCIÓN USUARIOS | | | | |
|----------|--------------|---|------------------------------|--------|-----------|--------|---------|
| | | | LUNES | MARTES | MIÉRCOLES | JUEVES | VIERNES |
| 1. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 2. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 3. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 4. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 5. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |

M: Mañana
 T: Tarde
 N: Noche

| | | | | | | | |
|-----------|--|---|--|--|--|--|--|
| 6. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 7. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 8. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 9. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 10. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 11. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| 12. _____ | | M | | | | | |
| | | T | | | | | |
| | | N | | | | | |
| | | T | | | | | |
| | | N | | | | | |

En _____, a _____ de _____ de _____

Firma Auxiliar: