

**DÍAS SIN OFRECER SERVICIOS**

Institución: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Fecha** | **Razón para No Ofrecer Servicios** | **Indicar**  **Cantidad**  **Días** | **Feriados**  **(Indicar con marca de Cotejo)** |
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Firma del Supervisor Firma del Bibliotecario