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| escudo | **Gobierno de Córdoba**  **Ministerio de Educación**  **Dirección General de**  **Institutos Privados de Enseñanza** | Régimen de Incompatibilidades(Decreto Ley 214 E63 y Decreto Reglamentario 3489/63) | 2.0\_\_\_ | Hoja 1/1 |

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|  | **Apellido:** |  | **Nombre:** |  |
|  | **D. N. I.** |  |  |  |

Declaro bajo juramento que mi situación de revista y los horarios de prestación de servicios en los distintos empleos que desempeño, a los efectos requeridos en el régimen vigente sobre incompatibilidad, son los siguientes:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Establecimiento** | **Cargo** | **Horas** | **Carácter** | **Horario de Prestación de Servicio** | | | | | | | | | | | | | | | | | | **Conformidad empleo y horario de la repartición** |
| **Lunes** | | | **Martes** | | | **Miércoles** | | | **Jueves** | | | **Viernes** | | | **Sábado** | | |
| **Ent** | **-** | **Sal** | **Ent** | **-** | **Sal** | **Ent** | **-** | **Sal** | **Ent** | **-** | **Sal** | **Ent** | **-** | **Sal** | **Ent** | **-** | **Sal** |
| ***Inst. “José Peña***  ***EE1230060*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Córdoba, marzo de 2018 |  |  |  |  |
| Lugar y Fecha |  | **Vº Bº Representante Legal** |  | **Firma del declarante** |