

ANEXO IV. FORMULARIOS DE FORMACIÓN.

FORMULARIO 4 CONTROL DE ASISTENCIA

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | Persona coordinadora: | | | |
| Curso | | | | | |  | | | |
| Localidad: | | | | | |
| Semana del de a de | | | | | |
| **No.** | **Apellidos** | **Nombre** | **/ /2016** | **/ /2016** | **/ /2016** | **/ /2016** | **/ /2016** | | **/ /2016** | **Nº Faltas** | **Faltas Acumuladas** |
| **1** |  |  |  |  |  |  |  | |  |  |  |
| **2** |  |  |  |  |  |  |  | |  |  |  |
| **3** |  |  |  |  |  |  |  | |  |  |  |
| **4** |  |  |  |  |  |  |  | |  |  |  |
| **5** |  |  |  |  |  |  |  | |  |  |  |
| **6** |  |  |  |  |  |  |  | |  |  |  |
| **7** |  |  |  |  |  |  |  | |  |  |  |
| **8** |  |  |  |  |  |  |  | |  |  |  |
| **9** |  |  |  |  |  |  |  | |  |  |  |
| **10** |  |  |  |  |  |  |  | |  |  |  |
| **11** |  |  |  |  |  |  |  | |  |  |  |
| **12** |  |  |  |  |  |  |  | |  |  |  |
| **13** |  |  |  |  |  |  |  | |  |  |  |
| **14** |  |  |  |  |  |  |  | |  |  |  |
| **15** |  |  |  |  |  |  |  | |  |  |  |
| **16** |  |  |  |  |  |  |  | |  |  |  |

Manual de procedimiento Leader 2023-2027