LOGO OTIC

**PROGRAMA DE BECAS LABORALES 2019**

**SOLICITUD DE READJUDICACIÓN**

Ciudad, fecha

**SR. (A):**

**JEFE(A) DEPARTAMENTO CAPACITACIÓN A PERSONAS**

**SENCE**

Junto con saludar, se solicita la readjudicación del/ los siguiente(s) curso(s):

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| Código OTIC | Código SENCE | ID | RUT OTEC adjudicado | Nombre OTEC adjudicado | Fecha de adjudicación | Región | Comuna | Monto adjudicado |
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Motivo de la solicitud: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Por lo anterior, se propone readjudicar al/ los siguiente(s) OTEC:

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| Código OTIC | Código SENCE | ID | RUT OTEC | Nombre OTEC | Región | Comuna | Monto a adjudicar |
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Solicitud adicional:

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Se adjunta el/los siguiente(s) antecedentes:

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Atentamente,

|  |  |
| --- | --- |
| **NOMBRE RESPONSABLE OTIC** |  |
| **FIRMA** |  |
| **CARGO** |  |
| **NOMBRE OTIC** |  |