|  |
| --- |
| **ANEXO N° 1**  **LUGAR Y PERIODO DE DESEMPEÑO EN DESTINACIÓN** |

NOMBRE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RUT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Servicio de Salud** | **Establecimiento** | **Dependencia**  **(Municipal o Servicio)** | **Fecha DESDE**  **(dd/mm/aaaa)** | **Fecha HASTA**  **(dd/mm/aaaa)** | **MOTIVO**  **Buen Servicio**  **Otro** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\*\*Deberá acompañar Certificado de Relación de Servicio y Hoja de Vida funcionaria**