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| SECRETARÍA DE SERVICIOS ADMINISTRATIVOS | | | | | | | | | | | | | | |
| **SEGUIMIENTO YCONTROL A LOS FUNCIONARIOS (AS) QUE SE POSESIONAN**  **MUNICIPIO DE ITAGÜÍ** | | | | | | | | | | | | | | |
|  |  |  |  |  | |  | |  | |  | |  |  | |
| Responsable: Revisión cumplimiento requisitos | | | | | | | |  | | | |  | | |
|  | | | | | | | | Día: | | | | Mes: | | Año: |
|  | | | | | | | |  | | | |  | |  |
| Posesionado (a) | |  | | | | | | C.C. | | | |  | | |
| Cargo | |  | | | | | | Salario $ | | | |  | | |
| Nivel | |  | | | Código | | |  | | | | Grado: | |  |
| Vinculación | |  | | | | | | Dependencia | | | |  | | |
| E.P.S. | |  | | | | | | | | | | | | |
| Fondo de Pensiones | |  | | | | | | | | | | | | |
| Fondo de Cesantías | |  | | | | | | | | | | | | |
| Afiliación a ARL | | Tarifa Riesgo Laboral: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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|  | | **FUNCIONARIO RESPONSABLE** | | | | | | | | |  |  |  | |
| **NOMBRE** | | | | | **FIRMA** | | | |
| Seguridad Social | |  | | | | |  | | | | Día: | Mes: | Año: | |
| ARL Tarifa | |  | | | | |  | | | | Día: | Mes: | Año: | |
| Posesión | |  | | | | |  | | | | Día: | Mes: | Año: | |
| Nómina | |  | | | | |  | | | | Día: | Mes: | Año: | |
| Archivo | |  | | | | |  | | | | Día: | Mes: | Año: | |
| Registro SIGEP | |  | | | | |  | | | | Día: | Mes: | Año: | |
| Talento Humano | |  | | | | |  | | | | Día: | Mes: | Año: | |
| Observaciones: | | | | | | | | | | | | | | |
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