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|  | **PLAN DE CAPACITACIÓN ANUAL**  **Centro de Trabajo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  | **Fecha de elaboración y/o actualización**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Objetivo de la**  **capacitación** | | **Temática de la capacitación** | **Perfil de los participantes** | **No. asistentes** | **Costo estimado**  **(1)** | **Observaciones (2)** | **Programado o real** | **ENE** | **FEB** | **MAR** | **ABR** | **MAY** | **JUN** | **JUL** | **AGO** | **SEP** | **OCT** | **NOV** | **DIC** |
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|  | * + - 1. (1) Cuando se cuente con recursos en el Programa de Metas Anuales (PMA) del Centro de Trabajo, incluir costo estimado.   (2 (2) Cuando se reprogramen o cancelen acciones de capacitación, incluir justificación; cuando no se cuente con recursos financieros describir las gestiones que se llevarán a cabo para realizar la capacitación; anotar cualquier otra observación que se considere conveniente. | | | | | | | | | | | | | | | | | | | |
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|  | | **Elaboró**  **Nombre y firma** |  | **Autorizó**  **Nombre y firma** | |  | **Aprobó**  **Nombre y firma** | | | | |  |  |  |  |  |  |  |  |  |