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| **FORMATO DE SUPERVISIÓN** | | | | | | | | | | | | | | **FS - 05** | |
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| **SERVICIO NACIONAL DE EMPLEO** | | | | | | | | | | **FECHA** | | | | | |
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| **DATOS DEL SUBPROGRAMA DEL PROGRAMA DE APOYO AL EMPLEO** | | | | | | | | | | | | | | | |
| **Intermediación**  **Laboral** | | | | **Movilidad Laboral para**  **Jornaleros Agrícolas** | | | | | **Capacitación para**  **la Empleabilidad** | | | | | | |
| **DATOS DE LA ACCIÓN EN SUPERVISIÓN** | | | | | | | | | | | | | | | |
| **Número Único** | | **Duración** | | | **Inscritos** | | | **Beneficiarios que recibieron la Plática de CS.** | | | | | | | |
| **ACCIONES DE CONTRALORÍA SOCIAL** | | | | | | | | | | | | | | | |
| **Plática de Contraloría Social**  **SI NO** | | | **Colocación del Cartel**    **SI NO** | | | | **Entrega de Folletos**  **SI NO** | | | | | **Beneficiarios presentes en la Visita de Supervisión** | | | |
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| **OBSERVACIONES** | | | | | | | | | | | | | | | |
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| **NOMBRE Y FIRMA DEL REPRESENTANTE DEL GRUPO** | | | | | | | | | | | | | | | |
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| Apellido paterno | Apellido Materno | | | | | Nombre (s) | | | | | Firma | | | | |
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| **NOMBRE Y FIRMA DEL PERSONAL DE LA**  **COORDINACIÓN DE SUPERVISIÓN Y CONTRALORÍA SOCIAL DE LA OSNE** | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | |  | | | | |
| Apellido paterno | Apellido Materno | | | | | Nombre (s) | | | | | Firma | | | | |