

 **RELACIÓN DE MADRES TRABAJADORAS**

 **CENTRO DE TRABAJO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AÑO 2023**

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| **N.P.** | **ID** | **NOMBRE DE LA TRABAJADORA** | **PUESTO** | **OBSERVACIONES** |
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**NOMBRE Y FIRMA DEL DELEGADO O**

**REPRESENTANTE SINDICAL**