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| **FORMULARIO DE ACCIÓN DE PERSONAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECCIÓN I. IDENTIFICACIÓN DEL COLABORADOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cédula de Identidad:** | | | | | | | |  | | | | | | | **Nombre:** | | |  | | | | | | | | | | | | | | |
| **Unidad:** | | | | | | | |  | | | | | | | **Empresa:** | | | **Confía Corredores de Seguros, S.A.** | | | | | | | | | | | | | | |
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| **SECCIÓN II. MOVIMIENTOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha Efectiva: | | | dd/mm/aa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INGRESOS** | | | | | | | | | | | | | | **SALIDAS** | | | | | | **ACCIÓN DISCIPLINARIA** | | | | | | | | | **COMPENSACIÓN** | | | |
| Contratación |  | | | Prórroga de Contrato | | | | | | | |  | | Despido | | | | |  | Amonestación | | | | | |  | | | Promoción Interna | | |  |
| Permanencia |  | | | Reingreso | | | | | | | |  | | Renuncia | | | | |  | Suspensión Sin Goce de salario | | | | | |  | | | Incremento Salarial | | |  |
|  |  | | |  | | | | | | | |  | | Abandono de Labores | | | | |  |  | | | | | |  | | | Nivelación salarial | | |  |
|  |  | | |  | | | | | | | |  | | Fallecimiento | | | | |  |  | | | | | |  | | | Bonificación | | |  |
|  |  | | |  | | | | | | | |  | | Terminación Contrato | | | | |  |  | | | | | |  | | |  | | |  |
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| **Sección aplicable a Promociones y Traslados** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFORMACIÓN ACTUAL | | | | | | | | | | | | | | | | | INFORMACIÓN PROPUESTA | | | | | | | | | | | | | | | |
| Puesto: | | | | | | |  | | | | | | | | | | Puesto: | | | | | | |  | | | | | | | | |
| Empresa: | | | | | | | **Confía Corredores de Seguros, S.A.** | | | | | | | | | | Empresa: | | | | | | | **Confía Corredores de Seguros, S.A.** | | | | | | | | |
| Unidad: | | | | | | |  | | | | | | | | | | Unidad: | | | | | | |  | | | | | | | | |
| Salario: | | | | | | |  | | | | | | | | | | Salario: | | | | | | |  | | | | | | | | |
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| **SECCIÓN III. PERMISOS/AUSENCIAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha Inicio: | | | | | | | | | dd/mm/aa | | | | | | | | Fecha Fin: | | | | | | | | dd/mm/aa | | | | | | | |
| Voluntaria | | | | | | | | | | | | | | | | | Involuntaria | | | | | | | | | | | | | | Número de días | |
| Permiso con goce de sueldo | |  | | | | Permiso sin goce de sueldo | | | | |  | | Vacaciones | | |  | Incapacidad | | | | |  | Maternidad | | | |  | | | 0 | | |
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| **SECCIÓN IV. OBSERVACIONES/JUSTIFICACIONES/ DOCUMENTACIÓN ADICIONAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haga clic aquí para escribir texto. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECCIÓN V. AUTORIZACIÓN/FIRMAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsable | | | | | Nombre | | | | | | | | | | | | | | | | Firma | | | | | | | Fecha | | | | |
| Colaborador: | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | dd/mm/aa | | | | |
| Jefe Inmediato: | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| Gerente Administrativo: | | | | | TORRES GONZÁLEZ RICARDO | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECCIÓN VI. REGISTRO (Para uso exclusivo de Recursos Humanos)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recibido por: | | | | | | | | | | Firma | | | | | | | | Sello | | | | | | | | | | Fecha Recibido | | | | |
| 123 | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | |
| **Nota:** *La naturaleza de cada acción deberá ser acompañada de documentación que respalde este formulario.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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