**CERTIFICACIÓN DE FESTIVOS**

**NO CUMPLIMENTAR A MANO**

**Indicar número de días y fechas**

# D./Dª.       en calidad de

# CERTIFICA: Que durante el mes de       de 20   el personal que a continuación se relaciona ha prestado servicios en sábados, domingos, festivos y jornada normal de trabajo:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APELLIDOS Y NOMBRE**: | **ACUERDO ANTERIOR AL CONVENIO (29/06/2000)** | **ART. 58.1** | **ART. 58.2** | **ART. 58.3** | **ACUERDO 16/05/2018 MEJORA PERSONAL MEDIOS AUDIVISUALES** |
|  |  | SÁBADO MAÑANA | SÁBADO TARDE O DOMINGO **SIN** DÍA LIBRE | JORNADA NORMAL SÁBADO-DOMINGO | DÍA FESTIVO | DÍA FESTIVO |
|  | SÁBADO TARDE / DOMINGO / FESTIVO **CON** DÍA LIBRE | **CON** DÍA LIBRE | **SIN** DÍA LIBRE |  |  | **CON** DÍA LIBRE | **SIN** DÍA LIBRE | SÁBADO TARDE / DOMINGO / FESTIVO **CON** DÍA LIBRE |
|  | 75,03 € | 36,65 € | 73,32 € | 88,02 € | 35,93 € | 36,65 € | 88,02 € | 77,29 € |
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| D.N.I.:       |  |  |  |  |  |  |  |  |

 V.º B.º En Granada, a    de       de 20  .

 LA GERENTE,