# 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:

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| **APELLIDOS Y NOMBRE**: |  |  |  |  | **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 € | 38,12 € | 76,26 € | 91.54 € | 38,12 € | 38,12 € | 91,54 € | 80,38 € |
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| D.N.I.:       |  |  |  |  |  |  |  |  |

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

 EL GERENTE,