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| logo |  |
| **FORMULARIO DE EVALUACIÓN DE ANTECEDENTES** |
| **EN CONCURSO INTERNO DE ENCASILLAMIENTO** |
| **DE TITULARES PARA CARGOS DE LA PLANTA DE PROFESIONALES** |
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| --- | --- | --- | --- |
| **ANTECEDENTES.** | | | |
| NOMBRE COMPLETO | «NOMBRE\_FUNCIONARIO» | | |
| RUN | «RUN»-«DV» | | |
| DOMICILIO |  | | |
| ESTABLECIMIENTO | «ESTAB»-«ESTABLECIMIENTO» | | |
| UNIDAD |  | | |
| GRADO E.U.S. | «G» | CALIDAD JURÍDICA | «CJ» |

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| **1. EXPERIENCIA CALIFICADA** | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SUBFACTOR** | **AÑOS** | **MESES** | **DIAS** | **ANTIGÜEDAD** | **PUNTAJE PONDERADO SUBFACTOR** |  | **PUNTAJE FACTOR** |  | **PORCENTAJE FACTORES** |  | **PUNTAJE TOTAL FACTOR** |
| a) Antigüedad en Servicio de Salud (50%) | 40 | 5 | 22 | 40 | 100 |  | **100** |  | **40%** |  | **40** |
| b) Antigüedad en otros Servicios de Salud (30%) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| c) Antigüedad en otras instituciones de la Administración Pública (20%) | 0 | 0 | 0 | 0 | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **2. CAPACITACIÓN PERTINENTE** | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **TOTAL HORAS** |  | **PUNTAJE FACTOR** |  | **PORCENTAJE FACTORES** |  | **PUNTAJE TOTAL FACTOR** |
|  |  |  |  |  | **141** |  | **100** |  | **30%** |  | **30** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **3. EVALUACIÓN DEL DESEMPEÑO** | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **NOTA 1** | **NOTA 2** | **NOTA 3** |  | **PROMEDIO** |  | **PUNTAJE FACTOR** |  | **PORCENTAJE FACTORES** |  | **PUNTAJE TOTAL FACTOR** |
|  | **70** | **70** | **70** |  | **70** |  | **100** |  | **30%** |  | **30** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **PUNTAJE TOTAL** | | | | | | | | | |  | **100** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **FIRMA PRESIDENTE COMITÉ** | |  | **FECHA** | |  |  |  |  |  |  |  |