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| **SEGUIMIENTO Y VERIFICACIÓN DEL CUMPLIMIENTO DE LAS ACCIONES DE MEJORA** | | | | | | | | | | | | | | | | | |
| Dependencia: | | | Fecha: | | | | | | | | | | | | | | |
| Nombre del Servidor Público: | | | Cargo: Código: Grado: | | | | | | | | | | | | | | |
| Nombre Superior Inmediato | | | Cargo: | | | | | | | | | | | | | | |
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| **1. ACCIONES DE MEJORA CONCERTADAS** | **2. BENEFICIOS DE LA ACCION DE MEJORA** | **3. EVIDENCIAS – SOPORTES DEL CUMPLIMIENTO DE LA ACCIÓN** | | **Acción según el origen** | | | | | | | **4. EFICACIA** | | | **5. FECHA DE SEGUIMIENTO** | | | |
| **Día** | **Mes** | | **Año** |
| **a** | **b** | **c** | **d** | **e** | **f** | **g** | **SI** | **NO** | **PARCIAL** |  | |  |  |
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