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| **ANEXO 4** | | | | | | | | | | | |
| **FORMATO DE ENVÍO DE EVIDENCIAS** | | | | | | | | | | | |
| **ENTIDAD** |  | | | | | | | | | | |
| PERÍODO DE RECOJO DE EVIDENCIAS | | | | | COMIENZO | | | FIN | | | |
|  | | |  | | | |
|  | | | DATOS DEL DIRECTIVO EVALUADO | | | | | | | | |
| Nombre Completo | | |  | | | | | | | | |
| Documento de Identidad | | |  | | | | | | | | |
| Puesto Específico | | |  | | | | | | | | |
| Órgano o Unidad Orgánica | | |  | | | | | | | | |
| HABILIDAD  TRANSVERSAL | | INDICADOR  CONDUCTUAL | DESCRIPCIÓN DE LA EVIDENCIA RECOGIDA | | | | ACTORES  INVOLUCRADOS | | FECHA DE  RECOGIDA | | COMENTARIOS |
|  | |  |  | | | |  | |  | |  |
|  | |  |  | | | |  | |  | |  |
|  | |  |  | | | |  | |  | |  |
| FIRMA DEL DIRECTIVO EVALUADO | | | |  | | FIRMA DE RECEPCIÓN DEL COMITÉ  DE EVALUACIÓN | | | |  | |