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| **No. de Acta:** | **Fecha:** | **Nombre Dependencia:** Subdirección de Reparación Individual | | |
| **Lugar:** | | | **Hora Inicio:** | **Hora Final:** |

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| **OBJETIVO:** Realizar las validaciones y cruces tendientes a ordenar el pago de la medida de indemnización administrativa que se encuentra distribuidos en diversos universos según la normatividad vigente, para el PAC del mes de XXXX de XXXX |

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| **DESARROLLO**   1. **PARAMETROS DE REVISIÓN DE CASOS EN PROCESO DE DOCUMENTACIÓN:**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | PARAMETRO |  |  | LOGICA |  | | **Proceso de documentación** | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | **Calidad de la información recolectada durante el proceso de documentación.** | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | **Estado de inclusión en RUV** | | |  | | | **Vigencia del documento de identidad en Registraduría** | | |  | | | **Validación autor del hecho en casos de desplazamiento Forzado** | | |  | | |  | | | | |  1. **PARAMETROS DE REVISIÓN (LOGICA DEL PROCESO – INDEMNIZA).**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **PARAMETRO** |  |  | **LOGICA** |  | | **Revisión General de los Casos** | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | **Validación 1448** | | |  | | | **Validaciones Directo Sobre Base De Datos** | | |  | | |  | | |  | | |  | | |  | | | **Validaciones entre Procesos** | | |  | | |  | | |  | | | **Validación de Identidad Víctimas directas en hechos directos** | | |  | |  1. **RESUMEN DE LA EJECUCIÓN PROCESO DE CONFIRMACION INDEMNIZA – RUV**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | PARAMETRO |  |  | LOGICA |  | | **Estado de inclusión en RUV** | | |  | | | **Vigencia del documento de identidad en Registraduría** | | |  | | | **Validación autor del hecho en casos de desplazamiento Forzado** | | |  | |  1. **PARAMETROS DE REVISIÓN (LOGICA DE LIQUIDACION - INDEMNIZA)**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | PARAMETRO |  | LOGICA |  |  | | **HOMICIDIO** | |  | | | | **DESAPARICION FORZADA** | |  | | | | **SECUESTRO** | |  | | | | **LESIONES PERSONALES Y PSICOLOGICAS QUE PRODUZCAN INCAPACIDAD PERMANENTE** | |  | | | | **LESIONES PERSONALES Y PSICOLOGICAS QUE NO CAUSEN INCAPACIDAD PERMANENTE** | |  | | | | **DELITOS CONTRA LA LIBERTAD E INTEGRIDAD SEXUAL** | |  | | | | **DESPLAZAMIENTO FORZADO** | |  | | | |  | |  | | | | **RECLUTAMIENTO ILEGAL DE MENORES** | |  | | | | **TORTURA** | |  | | | | **Para Efectos del Proceso de Desplazamiento** | |  | | | |  | |  | | |  1. **RESUMEN DE LA EJECUCIÓN (PROTOCOLO DE REVISIONES)**  |  |  | | --- | --- | | **VALIDACIÓN EJECUTADA** | **CANT. REGISTROS ALERTADOS** | | validacionCruce1 |  | | validacionCruce2-1 |  | | validacionCruce2-2 |  | | validacionCruce3 |  | | validacionCruce4 |  | | validacionCruce5 |  | | validacionCruce6 |  | | validacionCruce7 |  | | validacionCruce8 |  | | validacionCruce9-1 |  | | validacionCruce9-2 |  | | validacionCruce10-1 |  | | validacionCruce10-2 |  | | validacionCruce11 |  | | validacionCruce12-1 |  | | validacionCruce12-2 |  | | **TOTAL GENERAL** |  |  |  |  | | --- | --- | | CRITERIO | EXPLICACION | | Liquidación de Porcentajes |  | | Tope de Salarios |  | | Nombres y Apellidos Destinatarios |  | | Sucursales del Banco Agrario |  | | Códigos de Sucursal |  | | Códigos de Seguridad |  | | Valor en Letras |  |  1. **ARCHIVO FINAL PARA LA EJECUCIÓN**  |  |  |  | | --- | --- | --- | | **HECHO VICTIMIZANTE** | **GIROS** | **VALOR** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **TOTAL GENERAL** |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **UNIVERSO PRIORIZACION** | **DESCRIPCIÓN** | **GIROS** | **VALOR** | |  |  |  |  | |  |  |  |  | | **TOTAL GENERAL** | |  |  |  |  |  |  | | --- | --- | --- | | **TRANSACCION** | **No. Indemnizaciones** | **Acto Administrativo de destinación de recursos:** | | GIROS BANCARIOS\* |  |  | | ENCARGOS FIDUCIARIOS |  |  | | CONSIGNACIONES |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **SOLICITUD DESEMBOLSO** | **CONTRATO** | **RUBRO** | **CDP AFECTADO** | **VALOR** | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  | | **TOTAL GENERAL** | | | |  | |

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| **COMPROMISOS** | | |
| **ACTIVIDAD** | **RESPONSABLE** | **FECHA** |
| **1.** |  |  |

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| **ANEXOS**  **1. Listado de Asistencia**  **2.**  **3.** |

**Responsable de la reunión:**

**Firma:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nombre:

Cargo:

Dependencia: