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| 附件4 | |  |  | |  |  |  |  |  | |  |
| **员工花名册** | | | | | | | | | | | |
| 申报单位名称：（盖章） | | | 所在企业：（盖章） | | | | | | | | |
| 序号 | 员工所在企业名称 | 姓名 | | 身份证号 | | 联系电话 | 籍贯 | 就业时间（X月X日-X月X日） | | 申请奖补金额 | 备注 |
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| 备注：本表一式两份，公共就业人才服务机构、人社局各留存一份；归档后扫描一份传送市就业中心。 | | | | | | | | | | | |