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| 附件2  申报单位紧缺职业（工种）高技能人才岗位补贴汇总表 | | | | | | | | | | | | | | |
| 填报单位（盖章）： | | | | | | | | | | | | | | |
| 序号 | 姓名 | 身份证号码 | 性别 | 证书工种 | 证书等级 | 发证时间 | | 补贴标准 | 计发月份 | | 补贴额度 | | 证书编号 | 备注 |
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| 企业名称 | |  | | | 开户行 | |  | | | 账 号 | |  | | |
| 注：请随附企业开户行许可证附件 | | | | | | | | | | | | | | |
| 填报人（联系电话）： 审核人： 年 月 日 | | | | | | | | | | | | | | |