附件2

**紧缺职业（工种）高技能人才岗位补贴汇总表**

填报单位（盖章）：

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| 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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| 合计 | |  | | | | | | | | | | | | | |
| 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