附件3：

**西安市超比例分散安排残疾人就业单位残疾人职工花名册**

填报单位（盖章）：

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| 序号 | 姓 名 | 性别 | 出生年月 | 残 疾 证 号 | 联系方式 | 残疾类别及等级 | 现任岗位 | 月均工资 | 养老 | 医疗 |
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备注 ：如缴纳养老保险在“养老”一栏打“√”，如缴纳医疗保险在“医疗”一栏打“√”，同电子版一同上报。

填表人： 填表日期： 年 月 日