附件2

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

用人单位（盖章）： 年

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| 序号 | 姓 名 | 性别 | 出生年月 | 残疾证号 | 残疾类别及等级 | 现任岗位 | 月均工资 | 缴纳社保月数 | 联系方式 |
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填表人： 填表日期： 年 月 日