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汇总表

区县残联(盖章): 分管领导签字： 审核人签字： 年

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| 序号 | 单位名称 | 单位安排残疾人就业信息 | | | | | | | | 扶持资金（万元） |
| 姓 名 | 性别 | 出生年月 | 残疾证号 | 现任岗位 | 月均工资 | 缴纳社保月数 | 联系方式 |
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| 〔末页合计〕 补贴资金合计（ ）万元，其中市级资金（ ）万元，区县资金（ ）万元 | | | | | | | | | |  |