附件2

承诺制一次性扩岗补助人员花名册

申报单位（签章）： 申报时间：

经办人： 联系电话：

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| 合计人数: | | |  | 合计金额: | | |  | |

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| 序号 | 姓名 | 性别 | 身份证号 | 学历 | 毕业年度 | 毕业证书  编号 | 合同开始时间 | 合同结束时间 |
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