附件2

企业申请一次性扩岗补助人员花名册

**申请企业名称：（盖章） 填报日期： 年 月 日**

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| 序号 | 姓名 | 性别 | 身份证号码 | 学历 | 学制起止时间 | 毕业院校 | 毕业证书编号 | 劳动合同  起止时间 | 联系电话 |
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