附件2

泾河新城享受补贴人员花名册

**单位名称（加盖公章）：**

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| **序号** | **姓名** | **身份证号** | **性别** | **出生年月** | **本人联系电话** | **户籍** | **人员类别（高校毕业生/就业困难人员）** | **劳动合同起止日期** | **备注** |
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