附件2:

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|  | |  |  | |  |  | | 盘锦市企业职工安全技能提升补贴花名册 | | | | | | | |
| 申请企业： | |  | （公章） | |  |  | | 联系电话： 申请时间： 年 月 日 | | | | | | | |
| 序号 | 姓名 | | | 身份证号 | | | 职业工种 | | 证书名称 | 证书编号 | 发证时间 | 社保卡号码 | 补贴  金额 | 联系电话 |
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注：1.由企业出资组织培训的，岗位技能提升补贴由企业申领，职工个人不再申领。