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| 序号 | 姓名 | 性别 | 出生年月 | 身份证号码 | 岗位名称 | 月工资待遇 | 申请补贴期限 | 补贴 月数 | 补贴总额 | 联系电话 |
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* 1. **公益性岗位补贴人员花名册**

填报单位（盖章）： 填报日期： 年 月 日