       街办（公章）公益性岗位录用人员花名册

                               时间：  年   月    日

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| 序号 | 姓名 | 身份证号码 | 安置单位 | 联系方式 | 备注 |
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填表人签字：

人社中心主任签字：

分管领导签字：

街道办事处主任签字：