|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件4:  所在单位同意报考证明信 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **姓 名** |  | | | **性别** | | |  | | | **出生年月** | | |  | | |
| **身份证号码** | |  | | | | | **工作时间** | | |  | | | | | |
| **现工作单位及岗位** |  | | | | | | | | | | | | | | |
| **现实表现** |  | | | | | | | | | | | | | | |
| **有无违规**  **违纪行为** |  | | | | | | | | | | | | | | |
| **人事关系所在单位意见** | 该同志人事关系现在我处，其人事档案现在我处保管。我单位同意其参加本次警务辅助人员报考，如其被录用，我单位将配合办理其人事档案、工资保险、党团关系等移交手续。    （单位盖章）  批准人（单位负责人签字）:  年 月 日 | | | | | | | | | | | | | | |
|  |  | |  | |  |  | |  |  | |  |  | |  |  |