附件2

残疾人辅助性就业机构人员名册

机构名称（签章）： 年 月 日

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| 序号 | 残疾职工姓名 | 年龄 | 残疾人证号 | 残疾类别及等级 | 缴纳保险类别 | 社会保险号码 | 岗位或工种 | 月工资额（元） | 签订劳动合同（协议）起止时间 | 联系电话 | 备注 |
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填报人： 联系电话： 负责人：