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| 企业线上职业技能培训补贴申领表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **企业名称（加盖公章）：** | | | | | | |  | | | | | | | | | | **统一社会信用代码：** | | | | | | | | |  | | | |
| **开班备案号:** | | |  | | | | | **职业名称:** | | | |  | | | | | | | | | | **等级：** | | | |  | **人数：** | |  |
| **序号** | | **身份证号** | | | | **姓 名** | | | **性别** | | | **岗位名称** | | | | | | | | | | **联系电话** | | **线上 培训 课时** | | | | **补贴金额 （元）** | |
| **1** | | **2** | | | | **3** | | | **4** | | | **5** | | | | | | | | | | **6** | | **7** | | | | **8** | |
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| 2 | |  | | | |  | | |  | | |  | | | | | | | | | |  | |  | | | |  | |
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| 8 | |  | | | |  | | |  | | |  | | | | | | | | | |  | |  | | | |  | |
| 9 | |  | | | |  | | |  | | |  | | | | | | | | | |  | |  | | | |  | |
| 10 | |  | | | |  | | |  | | |  | | | | | | | | | |  | |  | | | |  | |
| **…** | | 补贴共计 人 | | | |  | | |  | | |  | | | | | | | | | |  | |  | | | |  | |
| **合 计** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **¥** | |
| **开户银行** | | |  | | | | | | | | | | | | **银行账号** | | | | | | |  | | | | | | | |
| **企业负责人（签章）：  年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **区人社部门审核意见：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **经办人（签章）： 审核人（签章）： 审核单位（盖章）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **年 月 日 年 月 日 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.此表一式两份，单位加盖公章。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.申请单位需提供真实资料并据实填报信息，如与实际情况不一致，承担相应责任。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.职工名单可按照上述格式后附。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **制表人签章：** | | |  |  | | | |  |  |  | |  |  | |  | |  |  |  |  | | **填表时间：** | |  | | | | | |