附件2

用人单位在岗残疾人职工花名册

用人单位（盖章） 年 月 日

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| 序号 | 姓 名 | 性别 | 年龄 | 残疾证号 | 残疾类别 | 残疾级别 | 户籍  所在地 | 联系电话 | 劳动合同期限  （年月—-年月） | 工资、社保期限  （年月—-年月） | 备注 |
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用人单位填表人： 电话：