附件2

住宿餐饮行业应对疫情影响加快复工复业新增就业补贴花名册

填报单位（盖章）： 填报日期：

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| 序号 | 姓名 | 性别 | 身份证号码 | 联系电话 | 上岗时间 | 连续  在岗月数 | 工作地址 |
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