附件2

武定县乡村公益性岗位人员花名册

填报单位： 经办人： 审核人： 联系电话： 年 月 日

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| 序号 | 姓名 | 性别 | 出生年月 | 身份证号码 | 所在村组 | 岗位名称 | 上岗时间 | 补贴标准（元/月） | 银行账号 | 联系电话 |
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