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| 重点群体人员本年度实际工作时间表 | | | | | |
| 企业名称（盖章）： | | | 年度： | | |
| 序号 | 招用人员姓名 | 身份证号码 | 证件编号 | 类型(1)(2) | 在本企业工作时间（单位：月） |
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