**特殊岗位人员登记表**

编号： NO：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 年龄 | 部门 | 特殊岗位名称 | 上岗时间 | 是否按期培训 |
| 1 |  |  |  |  |  |  |  |
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| 24 |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |

填表： 审核：

