附件4

**2019年职工疗休养统计表**

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|  | 单位名称： |  | 休养时段： | 月 日至 | 月 | 日 | 单位工会：（盖章） |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 序号 | 职工姓名 | 性别 | 民族 |  | 身份证号码 |  |  | 联系方式 |  | 备注 |
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填表人： 联系电话： 单位地址：