附件3：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **享受职业技能提升培训补贴人员花名册** | | | | | | | | | | | | | |
| （培训机构申请补贴） | | | | | | | | | | | | | |
| 单位：（盖章） 填表日期： 年 月 日 | | | | | | | | | | | | | |
| 序号 | 姓名 | 性 别 | 年 龄 | 身份证号码 | 工种名称 | 证书类别 | 证书编号 | 证书核 发日期 | 技能提升培训补贴（元） | 是否贫困家庭学员 | 贫困家庭 学员生活费 补贴（元) | 移动电话 | 本人签字（本人不属全日制在校生、机关事业单位在编人员） |
| 固定电话 |
| 1 |  |  |  |  |  |  |  |  |  | □是þ否 |  |  |  |
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| 2 |  |  |  |  |  |  |  |  |  | □是□否 |  |  |  |
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| 3 |  |  |  |  |  |  |  |  |  | □是□否 |  |  |  |
|  |
| 4 |  |  |  |  |  |  |  |  |  | □是□否 |  |  |  |
|  |
| 5 |  |  |  |  |  |  |  |  |  | □是□否 |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  | □是□否 |  |  |  |
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| 7 |  |  |  |  |  |  |  |  |  | □是□否 |  |  |  |
|  |
| 8 |  |  |  |  |  |  |  |  |  | □是□否 |  |  |  |
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