**附件2**

**用人单位在职残疾职工花名册**

**201 年度**

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| 序号 | 姓名 | 性别 | 出生  年月 | 接收  时间 | 离职  时间 | 残疾类别 | | | | | | | | 劳动合同  起止期限  年月—年月 | 养老保险号码 | 身份证号码 | 残疾人证（残疾军人证）号码 | 联系电话 |
| 视力 | 听力 | 言语 | 智力 | 肢体 | 精神 | 多重 | 军残 |
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| 上年度在职残疾职工人，本年度计划安置残疾职工人。 | | | | | | | | | | | | | | | | | | |

填报单位:(盖章)

单位法人：审核人：填表人：填报日期：年月日

注：残疾类别一栏中，在类别下填写对应残疾等级；军残列中填写残疾军人证等级。