附件2

介绍劳动力人员花名册

申领机构（盖章） 用人单位（盖章）

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| **序号** | **姓名** | **身份证号码** | **性别** | **户籍** | **劳动合同起止时间** | **职工社会保险缴纳起始时间** | **补贴金额** |
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备注：此表一式两份