附件2

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| 申报单位人员花名册 | | | | | | | | |
|
| 序号 | 姓名 | 性别 | 身份证号码 | 职务 | 职业资格证书 | 签订劳动合同时间 | 参保时间 | 联系电话 |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |
| 需附：1.劳动合同复印件； | | | | | | | | |
| 2.参保证明； | | | | | | | | |