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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件3  **中山市用人单位在岗就业残疾人职工名册** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 用人单位名称（盖章）： 统一社会信用代码/识别号： | | | | | | | | | | | |  |
| 序 号 | 姓名 | 性别 | 《残疾人证》或  《残疾军人证》号码 | 残疾 类别 | 残疾 等级 | 推荐机构名称 | 推荐机构联系人 | 推荐机构联系电话 | 在岗岗位  名称 | 劳动合同或  协议期限  (年月至年月) | 备注 | |
| 1 |  |  |  |  |  |  |  |  |  |  |  | |
| 2 |  |  |  |  |  |  |  |  |  |  |  | |
| 3 |  |  |  |  |  |  |  |  |  |  |  | |
| 4 |  |  |  |  |  |  |  |  |  |  |  | |
| 5 |  |  |  |  |  |  |  |  |  |  |  | |
| 6 |  |  |  |  |  |  |  |  |  |  |  | |
| 7 |  |  |  |  |  |  |  |  |  |  |  | |
| 8 |  |  |  |  |  |  |  |  |  |  |  | |
| 用人单位填表人： 联系电话： 填报日期： 年 月 日 | | | | | | | | | | | |  |
| 填报说明： 1.本表由用人单位填写，本页填满可另页填报。  2.“劳动合同期限”按签订劳动合同(事业单位签订聘用合同)的实际期限或无固定期限填报。 | | | | | | | | | | | | |