附件

专业技术人员一览表

填报单位：

|  |
| --- |
| 现有专业技术人员简表 |
| 序号 | 姓名 | 性别 | 出生年月 | 职称等级 | 职称专业 | 在本检测机构有无社保 | 是否为退休人员 | 是否为劳务派遣 |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 拟整改后专业技术人员简表 |
| 序号 | 姓名 | 性别 | 出生年月 | 职称等级 | 职称专业 | 社保号 | 首次在本单位缴纳社保时间 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |