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| 单位减少存档人员表 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 业务表单W-05 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位信息 | 统一社会信用代码/组织机构代码 | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 单位名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 特别提示 | 单位办理档案减员手续后，存档人员应持相关材料及时办理人事档案关系接转手续，未办理人事档案关系接转手续期间不再提供各项服务。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 减少存档人员信息 | 序号 | 姓名 | | 身份证号 | | | | | | | | | | | | | | | | | | | | | 存档截止时间 | 本人签字 | 备注 |
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|  | | | | | | | | | | | | （请认真核对以上内容后签名） | | | | | | | | | | |  | | | | |
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| 减少确认 | （单位盖章）  单位经办人: 年 月 日 | | | | | | | | | | | | | | | | | （存档机构盖章）  机构经办人: 年 月 日 | | | | | | | | | |