**就业见习人员基本生活补助发放汇总表**

**单位名称（盖章）：**

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| 序号 | 姓名 | 1月 | 2月 | 3月 | 4月 | 5月 | 6月 | 7月 | 8月 | 9月 | 10月 | 11月 | 12月 |
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填表人：