附件2

高新区防疫防控补贴花名册

单位名称（盖章）： 填报日期：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **身份证号码** | **手机号码** | **合同签订日期** | **隔离时间****（X月X日-X月X日)** |
|
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

注：此表一式二份