附件2

贵州省长期护理保险护理机构人员花名册

（含管理人员、护理人员等）

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| 序号 | 姓名 | 性别 | 身份证号码 | 聘用性质（劳动合同/劳务派遣） | 聘用时间 | 岗位（职务） | 备注 |
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机构名称（签章）：

法定代表人签字： 年 月 日