XX机构人才考核汇总表

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| **序号** | **姓名** | **岗位状态 （在岗/离职/产假/病假）** | **是否提交 指定资料** | **备注** |
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备注：请加盖机构公章，并确保所有人员（含已离职/产假/病假）资料齐全；如未能提交指定资料的，请在备注栏注明原因。