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| 附件1： | | | | | | |  |
| **福建师范大学闽南科技学院困难教职工登记表** | | | | | | | |
| 单位名称(公章): | | |  |  | 单位领导签字: | | |
| **序号** | **单 位** | **姓名** | **职务或**  **职 称** | | **生活困难原因或患病情况（请写明具体情况）** | **备注(住院信息)** | |
| 1 |  |  |  | |  |  | |
| 2 |  |  |  | |  |  | |
| 3 |  |  |  | |  |  | |
| 4 |  |  |  | |  |  | |
| 5 |  |  |  | |  |  | |
| 6 |  |  |  | |  |  | |
| 7 |  |  |  | |  |  | |
| 8 |  |  |  | |  |  | |
| 经办人: | |  | 联系电话: | |  |  | |
| 注：1.各单位在申报困难补助人员时，生活困难原因请写具体明确，含糊不清的将予以退回。2.住院人员请在备注中注明所在医院床位信息及联系人电话。 | | | | | | | |

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| 附件2： | |  |  |  |  |  |  |  |  | | |  | |  | |  | |  |
| **福建师范大学闽南科技学院生活困难党员情况登记表** | | | | | | | | | | | | | | | | | | |
| 党委、党总支（盖章）： 负责人： 年 月 日 | | | | | | | | | | | | | | | | | | |
| **序号** | **单位** | **姓 名** | **性别** | **人员 类型** | **出生**  **年月** | **入党**  **年月** | **职务职称** | **学历** | | **受表彰情况** | **生活困难主要情况** | | **困难 程度** | | **联系方式** | | **序号** | |
| 1 |  |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |
| 2 |  |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |
| 3 |  |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |
| 4 |  |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |
| 5 |  |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |
| 说明：1.“人员类型”填写在职、退休、离休、本科生或研究生；  2.出生年月/入党年月格式为2015.01；  3.表彰填写校级及以上；  4.困难程度分特困和一般。 | | | | | | | | | | | | | | | | | | |