附件2

**厦门市翔安区疫情防控稳就业补贴资金企业申请明细表**

申请单位： 2020年 月 日

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| 序号 | 姓名 | 身份证号 | 联系电话 | 工作时间 | | | | | | | | | | 天数 | | 补贴金额 |
| 1.24 | 1.25 | 1.26 | 1.27 | 1.28 | 1.29 | 1.30 | 1.31 | 2.1 | 2.2 |  |  | |
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