附件8

领取住房补贴花名册

设站单位： （盖章）

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| 序号 | 姓名 | 所在流动（工作）站 | 申请人身份  （如无人事劳动关系人员） | 招收类型  （如工作站联合招收等） | 进站时间 | 领取人签名 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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填表人： 填表时间：