**附** **件**

**2015-2022年人力资源服务企业** **享受稳岗返还情况表**

单位名称： (盖章)

|  |  |  |  |
| --- | --- | --- | --- |
| 年度 | 享受金额(元) | 其中：拨付给实际用工单位 | 备注 |
| 实际用工单位名称 | 金额(元) |
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填报人：



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