附件5

常州市事业单位工作人员考核结果花名册

**（2018学年度）**

填报单位（盖章）： 填报日期：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 职务（职称、等级） | 考核等次 | 序号 | 姓名 | 职务（职称、等级） | 考核等次 |
| 1 |  |  |  | 21 |  |  |  |
| 2 |  |  |  | 22 |  |  |  |
| 3 |  |  |  | 23 |  |  |  |
| 4 |  |  |  | 24 |  |  |  |
| 5 |  |  |  | 25 |  |  |  |
| 6 |  |  |  | 26 |  |  |  |
| 7 |  |  |  | 27 |  |  |  |
| 8 |  |  |  | 28 |  |  |  |
| 9 |  |  |  | 29 |  |  |  |
| 10 |  |  |  | 30 |  |  |  |
| 11 |  |  |  | 31 |  |  |  |
| 12 |  |  |  | 32 |  |  |  |
| 13 |  |  |  | 33 |  |  |  |
| 14 |  |  |  | 34 |  |  |  |
| 15 |  |  |  | 35 |  |  |  |
| 16 |  |  |  | 36 |  |  |  |
| 17 |  |  |  | 37 |  |  |  |
| 18 |  |  |  | 38 |  |  |  |
| 19 |  |  |  | 39 |  |  |  |
| 20 |  |  |  | 40 |  |  |  |

注：

1.此表一式3份，组织或人社部门1份，主管部门1份，单位留存1份；

2.请按**记功、优秀、合格、基本合格、不合格、未定等次**顺序分类填写。

填报人： 联系电话：