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| 滨州医学院教职工考勤表 | | | | | | | | | | | | | | | |
| **部门、院（系）：（盖章）** | | | | | |  | | | | | **考勤月份 年 月** | | | | |
| **部门人数** | |  | **全勤人数** | |  | | **缺勤人数** | |  | | **缺勤总天数** | | |  | |
| **本月缺勤情况** | | | | | | | | | | | | | | | |
| **序 号** | **姓 名** | **缺勤天数** | **具体缺勤天数** | | | | | | | | | | | | **备注** |
| **病假** | **事假** | | **产假** | **护理假** | **婚丧假** | | **外出进修** | **攻读学位** | **干部培训** | **旷工** | |
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部门、院（系）负责人： 填表人： 报表时间： 年 月 日

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| **序 号** | **姓 名** | **缺勤天数** | **具体缺勤天数** | | | | | | | | | **备注** |
| **病假** | **事假** | **产假** | **护理假** | **婚丧假** | **外出进修** | **攻读学位** | **干部培训** | **旷工** |
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部门、院（系）负责人： 填表人： 报表时间： 年 月 日

说明：

1.本表应由部门、院（系）主要负责人签字盖章后，在每月5日前送交学校人事处。

2.本月缺勤情况中姓名栏应填写本部门、院（系）所有人员，相关人员若无缺勤情况，应在缺勤天数中填0。

3.缺勤天数应为具体缺勤天数中各种假期天数的总和。