附件五

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| 岗位补贴（增、减）明细表 |
| 企业名称（公章）: |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  | 年 月 |
| 序号 | 姓名 | 性别 | 年龄 | 身份证号码 | 合同期限 | 开始享受时间 | 已享受月数 | 补贴金额 |
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