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| **岗位绩效变动调整表** | | | | | | | | | | | | | | |
| 单位名称： 调整月份： 制表日期： 年 月 日 | | | | | | | | | | | | | | |
| 职工号 | 姓名 | 岗位绩效A | | 岗位绩效B | | 岗位绩效C | 补发ABC | 岗位绩效D | 补发D | 岗位绩效E | 补发E | | 备注 | 岗位绩效D及补发D支出卡号 |
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| 制表人签名  单位领导签名  单位公章 | | |  | | 人资处资源配置与保障中心签名  人资处资源配置与保障中心公章 | | | | | | | 人才办签名  人才办公章 | | |