**劳务派遣人员2019年年终奖发放清单**

院（系）、单位（盖章）：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **职工号** | **年终奖额度（元）** | 备注 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

经办人及联系电话:

负责人（签名）

年 月 日