附件2

**信阳市急需紧缺高技能人才培养计划申报表**

**申报单位： 市人力资源和社会保障局**

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| **单位负责人** |  | | **联系电话** | |  | **手机** | |  | |
| **单位联系人** |  | | **联系电话** | |  | **手机** | |  | |
| **通信地址** |  | | | | | | **邮编** | |  |
| **申报的培养职业（工种）及人数** | | | | | | | | | |
| **培训职业** | | **培训人数** | |  | | | | | |
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| **申报单位意见** | | **（单位盖章）**  **年 月 日** | | | | | | | |
| **省人力资源和**  **社会保障部门**  **经办意见** | | **经办人： 年 月 日** | | | | | | | |
| **省人力资源和**  **社会保障部门**  **审查意见** | | **负责人： 年 月 日** | | | | | | | |