**儿童节过节费领取表格**

**科室： 经办人： 联系电话：**

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| **类别(编制、聘用）** | **工作人员** | **科 室** | **十八岁以下的子女** | | |
| **姓 名** | **姓 名** | **性 别** | **出生年月** |
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