附件2：

安徽建筑大学2023年暑期疗休养家属登记汇总表

单位（盖章）： 填表日期：

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| **序号** | **职工姓名** | **家属姓名** | **关系** | **性别** | **年龄** | **民族** | **身份证号** | **联系方式** | **备 注** |
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