**附件2**

**2019年寒假哈工大教职工疗休养报名表**

**单位负责人签字（公章）：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **地点：回龙湾（1月16日-1月20日）** | | | | | | | |
| **序号** | **姓名** | **性别** | **单位** | **岗位或荣誉称号** | **身份证号** | **手机号** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |

填表人： 电话：