附件2

**浙江工商职业技术学院传、帮、带申请汇总表**

**部门（盖章）：**  年 月 日

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| 序号 | 姓名 | 出生年月 | 进校时间 | 从事专业 | 专业技术职务 | 任职时间 | 距法定退休年龄（60周岁）年限 | 部门意见 |
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