附件3：

2022年×月份沈丘县教体系统“人人持证”工作考证人员培训台账

填报单位（公章）： 年 月 日

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| 序号 | 参加培训人员姓名 | 性别 | 所在单位 | 人员身份 | 培训工种（培训内容） | 培训时间 | 身份证号 | 手机号码 | 是否补贴性培训 | 备注 |
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