**第二届山东省劳动关系协调员职业技能竞赛复赛选手（职工组）报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称（盖章） | | |  | | | | | | 复赛名额 | |  | |
| 领队姓名 | |  | | | 电话 |  | | 微信 |  | | 邮箱 |  |
| 序号 | 姓名 | 年龄 | | 所在部门 | | | 职务/职称 | | | 手机 | | 备注 |
| 1 |  |  | |  | | |  | | |  | |  |
| 2 |  |  | |  | | |  | | |  | |  |
| 3 |  |  | |  | | |  | | |  | |  |
| 4 |  |  | |  | | |  | | |  | |  |
| 5 |  |  | |  | | |  | | |  | |  |
| … |  |  | |  | | |  | | |  | |  |
| 备注 | 8月23日前，参赛单位将此表word版及盖章后的PDF版报送竞赛办公室。 | | | | | | | | | | | |