**长春工业大学教职工生活困难补助汇总表**

**单位(盖章): 年 月 日**

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| **序 号** | **姓 名** | **性 别** | **困难原因** | **联系电话** |
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**填表人: 审核人: （备注：请按困难程度为序填写）**