附件3

劳务派遣职工基本情况登记表

单位名称

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| **序号** | **姓名** | **性别** | **身份证号** | **劳动合同期限** | **所在用工单位** | **所在岗位** | **岗位性质（临时性、辅助性、替代性）** | **所属行业** | **年度工资总额（元）** | **年度参保基数（元）** |
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填表人： 联系电话：