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| 序号 | 单位 | 姓名 | 编制 | 性别 | 年龄 | 人口**长春光机所2020年困难职工情况统计表**

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| --- |
| 补助评定 |
| 本人 | 亲属 | 工资低 | 总计 |
| ⊙ |  |  | 1000 |
|  | ⊙ |  | 1000 |
|  | ⊙ |  | 600 |
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| ⊙ |  |  | 600 |
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| ⊙ |  | ⊙ | 600 |
|  | ⊙ | ⊙ | 1500 |
| ⊙ |  | ⊙ | 4000 |
| ⊙ |  |  | 3000 |
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| ⊙ | ⊙ | ⊙ | 3000 |
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| ⊙ |  | ⊙ | 1000 |
| ⊙ |  | ⊙ | 1000 |

 | 工资 | 困难原因 | 补助原因 | 补助金额 |
| 本人 | 亲属 | 低工资 | 单亲妈妈 |
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附件1