附件 3

福州市申报劳务品牌单位培训人员花名册

劳务品牌培训单位：（盖章） 填报时间：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **身份证** **号码** | **联系电****话** | **培训后就业单位** | **培训项目** | **培训时间（xx** **年** **xx** **月** **xx** **日-xx年xx月xx** **日）** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |