附件3

重庆市事业单位专业技术二级岗位人选申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性别** | |  | | **民族** |  | **出生年月** | | |  |
| **参加工作时间** | |  | | **政治面貌** | |  | | **学历** |  | **学位** | | |  |
| **毕业院校** | |  | | **所学专业** | |  | | | | **毕业时间** | | |  |
| **工作单位** | |  | | **行政职务** | |  | **岗位**  **名称** | |  | | **聘期** |  | |
| **正高级专业技术**  **资格取得时间** | | |  | | **正高级专业技术**  **职务聘任时间** | | | |  | | **职称**  **系列** |  | |
| **符合岗位申报条件情况** | **人才类：** | | | | | | | | | | | | |
| **奖项类：** | | | | | | | | | | | | |
| **项目及成果类：** | | | | | | | | | | | | |
| **人才及社会影响类：** | | | | | | | | | | | | |
| **其他：** | | | | | | | | | | | | |
| **事业单位**  **推荐意见** | **（盖 章）**  **年月日** | | | | | | | | | | | | |
| **区县(自治县)政府人事行政部门或市级主管部门审核意见** | **（盖 章）**  **年 月 日** | | | | | | | | | | | | |
| **市政府人事行政部门核准意见** | **（盖 章）**  **年 月 日** | | | | | | | | | | | | |