附件1

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2024年教师及教育管理干部市级培训计划培训对象推荐汇总表 | | | | | | | | | | |
| 所在部门/学院（盖章）： | | | | | | | | |  | |
| 序号 | 姓 名 | 性别 | | 身份证号 | | 工作单位 | 联系电话 | | 车牌号 | |
| 1 |  |  | |  | |  |  | |  | |
| 2 |  |  | |  | |  |  | |  | |
| 3 |  |  | |  | |  |  | |  | |
| 4 |  |  | |  | |  |  | |  | |
| 5 |  |  | |  | |  |  | |  | |
| 6 |  |  | |  | |  |  | |  | |
| 7 |  |  | |  | |  |  | |  | |
| 8 |  |  | |  | |  |  | |  | |
| 9 |  |  | |  | |  |  | |  | |
| 10 |  |  | |  | |  |  | |  | |
|  | | | | | | | |  | | |
| 填表人： | | | 联系电话： | |  | | | |  |  | |  |