附件1：

“淳安县技能大师工作室”认定

申 报 表

**申报单位**： （盖章）

**申报工作室名称：**

**填报时间：**

**淳安县人力资源和社会保障局制**

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| **申报单位基本情况** | | | | | | | | | | | | | |
| **单位全称** | |  | | | | | | | | | | | |
| **法人代表** | |  | | | **固定电话** | |  | | **手机** | | |  | |
| **联系人** | |  | | | **固定电话** | |  | | **手机** | | |  | |
| **联系地址** | |  | | | | | | | | | | | |
| **单位简介**  **（1000字以内）** | | （包括生产、科研以及高技能人才队伍情况） | | | | | | | | | | | |
| **工作室领衔人基本情况** | | | | | | | | | | | | | |
| **姓名** | | |  | | | **性别** | |  | | | **出生年月** | |  |
| **职务** | | |  | | | **学历** | |  | | | **政治面貌** | |  |
| **职业（工种）**  **职业资格或技能等级** | | |  | | | | | | | | | | |
| **从业时间** | | |  | | | | | **手机号码** | |  | | | |
| **身份证号码** | | |  | | | | | | | | | | |
| **工作**  **简历** | | |  | | | | | | | | | | |
| **技能特长**  **及主要业绩** | | |  | | | | | | | | | | |
| **县级及以上**  **获奖情况** | | |  | | | | | | | | | | |
| 工作室成员情况 | | | | | | | | | | | | | |
| **姓名** | **性别** | | **年龄** | **学历** | | **职业（工种）**  **职业资格或技能等级** | | | | | **技能特长**  **从业时间**  **主要业绩** | | |
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| **工作室下步工作打算及人才培养计划** | | |  | | | | | | | | | | |
| **行业主管部门初审意见：**  **（盖章）**  **年 月 日** | | | | | | | | | | | | | |
| **专家评估意见：**  **（签章）**  **年 月 日** | | | | | | | | | | | | | |
| **县人力社保局审核意见：**  （**签章）**  **年 月 日** | | | | | | | | | | | | | |