附件3

**统计从业人员统计信用信息汇总表**

填报单位（盖章）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 职务 | 学历 | 职称 | 专（兼）职 | 身份证号码 | 工作单位 | 统计从业起始时间 | 联系电话 | 统计信用状况 | 统计信用变化情况 | 备注 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

单位负责人： 填表人： 联系电话： 填报日期：