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| 附件82024年度事业单位工作人员培训情况汇总表主管部门（盖章）： 年 月 日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **事业单位****总数** | **培训种类** | **应培训人数** | **实培训人数** | **组织单位** | **培训方式** | **未培训原因** | **备注** |
|  | **岗前培训** |  |  |  |  |  |  |
| **在岗培训** |  |  |  |  |  |  |
| **转岗培训** |  |  |  |  |  |  |
| **专项培训** |  |  |  |  |  |  |

分管领导： 人事部门负责人： 填表人： 联系电话：  |