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| 附件8  2024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： |