附件2

**用人单位按比例安排残疾人就业人员明细表**

申报单位：（盖章）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 残疾证号 | 残疾等级 | 联系方式 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |