企业实行综合计算工时工作制或不定时工作制申报表

申报单位（盖章）：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 企业名称 | |  | | | | | | 企业登记注册类型 | |  | | | | |
| 地 址 | |  | | | | | | | | | | | | |
| 法定代表人  或负责人 | | |  | | | 联系  电话 | |  | | 职工人数 | | |  | |
| 申报种类 |  | | 实施区域 | |  | | | | 实行特殊工时制度职工人数 | | |  | | |
| 综合计算工时工作制 | | | | | | | | 不定时工作制 | | | | | | |
| 岗位或工种 | | 人数 | | 计算周期单位 | | | 实行  期限 | 岗位或工种 | | | 人数 | | | 实行  期限 |
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经办人： 联系电话：