**附件1:**

**困难教职工档案表**

分工会：（盖章） 领导签字： 填报日期： 年 月 日

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| 姓名 | | 性别 | | | 民族 | | | 政治面貌 | | | 出生年月 | | 身份证号 | | | 健康状况 | | | | 婚姻状况 | |
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| 住房类型 | | 建筑面积 | | | | | 手机号码 | | | | | | 家庭住址 | | | 致困原因 | | 医药费合计 | | | 自费合计 |
|  | |  | | | | |  | | | | | |  | | |  | |  | | |  |
| 本人月收入（元） | | | | 家庭成员月收入 | | | | | | 家庭其他非薪资年收入 | | | | | 家庭年度总收入 | 家庭人口 | | 家庭月人均收入 | | | 医保现状 |
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| 家庭成员关系(仅限直系亲属：配偶、父母及子女) | 姓名 | | 关系 | | | 性别 | | | 政治面貌 | | | 出生年月 | | 身份证号 | | 健康状况 | 月收入 | | 医保状况 | | 单位或学校 |
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| 简要情况说明 | |  | | | | | | | | | | | | | | | | | | | |