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附件4

编外人员报告有关证明样张

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| 绍兴市卫生健康委员会：XXX同志系我单位非事业编制职工，于XX年X月-XX年X月之间在我单位XX岗位工作。具体工作经历：XX年X月- XX年X月， XX科室从事XX工作。XX年X月- 至今， XX科室从事XX工作。 （单位盖章） XXXX年X月X日单位联系人：XXX 联系电话：XXX XXX |