“三助一辅”考核明细表

用人部门(盖章)：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 日期 | 工作内容 | 工作时间 | 审核签字 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 合 计 |  |  |