附件2

企业返岗员工名册

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 企业名称（盖章）： 企业主要负责人签字： 填报时间：2020年 月 日 | | | | | | | | | | | |
| 序号 | 姓 名 | 身份证号码 | 在泰实际居住地址 | 具体岗位 | 联系电话 | 健康状况 | 是否离泰 | 返泰时间 | 返泰交通工具 | 在泰14天内有无  与来自疫情重点地区人员接触史 | 备注 |
| （离泰去向） | （自驾、车次/班次） |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |