附件2

职工花名册

零售药店名称：

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| 职工姓名 | 身份证号 | 性别 | 职工类别 | 药师类别 | 执业地点 | 所学专业 | 行政职务 | 备注 |
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职工类别分为聘用职工、临时职工；药师类别分为药学类、中药学类、药学与中药学类。需另提供职工医保缴费凭证。