|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **第二期孤独症机构自强自律创建活动**  **工作人员明细表** | | | | | | | |
| **机构名称：** | | | | | | | |
| **职工总数： 人，其中业务主管人数： 人，康复人员人数： 人，教师人数： 人，其他技术人员人数： 人，**  **后勤人员人数： 人，康复辅助人员人数： 人。** | | | | | | | |
| **业务主管姓名** | **职务** | **学历** | **所学专业** | **学历证书图片** | **持有资质** | **资质证书图片** | **从业年限** |
| **例：张三** | **主管** | **硕士** | **学前教育** | **e9b9eb5f1e93ee877a61be64fc26e35** | **教师资格证** | **683c55cc482ef1913de1ece2b9582a4** | **5年** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **康复人员姓名** | **职务** | **学历** | **所学专业** | **学历证书图片** | **持有资质** | **资质证书图片** | **从业年限** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **教师姓名** | **职务** | **学历** | **所学专业** | **学历证书图片** | **持有资质** | **资质证书图片** | **从业年限** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **其他技术人员姓名** | **职务** | **学历** | **所学专业** | **学历证书图片** | **持有资质** | **资质证书图片** | **从业年限** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **后勤人员姓名** | **职务** |  |  |  |  |  |  |
| **例：李四** | **炊事员** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **康复辅助人员姓名** | **学历** |  |  |  |  |  |  |
| **例：王五** | **本科** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |