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| 所局级领导人员兼职审批表 | | | | | | | | | | | |
| **姓 名** | |  | | **出生年月** |  | | | **政治面貌** | | |  |
| **所在单位** | |  | | | | | | | | | |
| **现任职务** | |  | | | | **任现职务**  **起始时间** | | |  | | |
| **分管工作** | |  | | | | | | | | | |
| **目前兼职情况** | | | | | | | | | | | |
| **机构名称** | | | **兼任职务** | | | | **兼职起止时间** | | | **备注** | |
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| **拟兼职机构名称** | | |  | | | | | | | | |
| **兼职机构性质** | | | **社会团体［ ］基金会［ ］企业［ ］ 民办非企业单位［ ］学术期刊［ ］国际组织［ ］** | | | | | | | | |
| **申报兼任职务** | | |  | | | | | | | | |
| **该人员是否兼任机构法定代表人** | | | **是 ［ ］ 否［ ］** | | | | | | | | |
| **兼职任期情况** | | | **首次兼任 ［ ］ 换届连任［ ］** | | | | | | | | |
| **兼任职务**  **主要职责** |  | | | | | | | | | | |
| **本人意见** |  | | | | | | | | | | |
| **本人承诺：以上信息真实有效，兼职期间，不在兼职单位领取任何薪酬。** | | | | | | | | | | |
| **本人签字：** | | | | | | | | | | |
| **年 月 日** | | | | | | | | | | |
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| **兼职机构意见** |  | | | | | | | | | | |
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| **负责人签字： 单位盖章** | | | | | | | | | | |
| **年 月 日 年 月 日** | | | | | | | | | | |
| **所在单位意见** |  | | | | | | | | | | |
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| **负责人签字： 单位盖章** | | | | | | | | | | |
| **年 月 日 年 月 日** | | | | | | | | | | |
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| **审批部门意见** |  | | | | | | | | | | |
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| **单位盖章** | | | | | | | | | | |
| **年 月 日** | | | | | | | | | | |
| **说明** | **本表一式三份**：领导人员、领导人员所在单位、院人事局各一份。  “兼职机构意见”栏也可不填写，由兼职机构出具的相关意见代替。 | | | | | | | | | | |