附件2

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| 2025年灵山县中小学（幼儿园）、职校教职工调配报名表 | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | |  | | 填表时间：2025年 月 日 | | | | | | |
| **姓 名** | | **性别** | | **出生年月（ 岁）** | | | | **籍 贯**  **(县、镇、村）** | | **何时何校何**  **专业毕业** | | | | | | **学历**  **层次** | |
|
|  | |  | |  | | | |  | | **全日制** | |  | | | |  | |
| **在职** | |  | | | |  | |
| **参加工作时间** | | **干部**  **(工人)** | | **聘为公办教师时间** | | **现任教年级** | | **现任教科目** | | **职称** | | **聘任级别** | | **普通话**  **等级** | | **教师资格层次** | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **现工作单位** | | | | **申请调配单位** | | | | **申请试教科目** | | **申请调配岗位聘任等级** | | | | | | **是否愿意降低岗位等级** | |
|  | | | |  | | | |  | |  | | | | | |  | |
| **配偶姓名** | | | |  | | | | **配偶工作单位** | | | |  | | | | | |
| **学习工作主要经历**  **(从初**  **中起**  **填写)** |  | | | | | | | | | | | | | | | | |
| **调出单位意见** | **盖章**  **单位负责人签名： 年 月 日** | | | | | | | | | | | | | | | | |
| **2022年以来获奖情况** |  | | | | | | | | | | | | | | | | |
| **教育局**  **意见** |  | | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **申请人联系电话:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |  | | 填表人签字： | |  | |  | |