附件1：

**继续教育学院考勤特殊情况汇总表**

**科室： 时间： 年 月 日 周次：**

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| 姓名 | 未打卡时间 | | | 情况类别 | | 事由 | 部门主任签字 |
| 月/日 | 星期 | 班次 | 事假 | 公务 |
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