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附件1

哈尔滨技师学院（哈尔滨劳动技师学院）

自愿申报副高级以下专业技术职务同级改职评审申请表

申报级别： 填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | | | |  | | | | | | 性别 | | |  | | | | 出生日期 | | | | | | |  | | | | | 民族 | | | | |  | |
| 身份证号 | | | | |  | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | | | | | | | | |
| 参加工作时间 | | | |  | | | | | | | 所在部门、现岗位 | | | |  | | | | | | | | 从事专业 | | | | | | |  | | | | | |
| 最高学历、学位 | | | 学历 | | | | | | 毕业院校 | | | | | | | | | | | | 专业 | | | | | | | | | | 毕业时间 | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| 学位 | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| 现职称 | | | | | |  | | | | | | 取得时间 | | | | | |  | | | | | | 拟改职称、专业 | | | | | | | | |  | | |
| 技能等级证 | | | | | | |  | | | | | 原职称、专业 | | | | | | | | | |  | | | | | | | | | | | | | |
| 是否具备教师资格证 | | | | | | |  | | | | | 从事班主任工作年限 | | | | | | | | | |  | | | | 从事教育教学工作年限 | | | | | | |  | | |
| 学术成果是否造假 | | | | |  | | | 是否造成重大责任事故 | | | | | |  | | | | | | 是否受到党纪、政纪处分 | | | | | | |  | | | | | 受聘年限 | | |  |
| 申  请  理  由 | | 担任课程及课时完成情况 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 符合评审条件条款 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |
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| 任现职以来近三年度考核结果：  近三年师德考核是否合格： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审推荐  部 | 部门负责人签字：  盖章  年 月 日 | | | | | | | | | | | | 审  核 | | | 人事处处长签字  年 月 日 | | | | | | | | | | | | 申请人签字：  年 月 日 | | | | | | | |

注：学术成果是否造假、是否造成重大责任事故到教学督导处认定；是否受到党纪、政纪处分到纪检监察处认定。

附件 2

**同级改职人员审查表**

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| 姓名 | |  | | 性别 | | |  | 出生年月 | |  | | | |
| 最高学历 | | 毕(肄)业时间 | | | | 毕业学校 | | | | | 专业 | | 文化程度 |
|  | | | |  | | | | |  | |  |
| 现技术职称 | | |  | | | | | | 授予时间 | | |  | |
| 现聘技术职务 | | |  | | | | | | 聘任时间 | | |  | |
| 原工作单位及岗位 | | | | |  | | | | | | | | |
| 现工作单位及岗位 | | | | |  | | | | | | | | |
| 拟评技术职称 | | | | |  | | | | | | | | |
| 改职理由 |  | | | | | | | | | | | | |
| 基层单位意见 | 盖 章  年 月 日 | | | | | | | | | | | | |
| 市地省直主管部门意见 | 盖 章  年 月 日 | | | | | | | | | | | | |