附件1

事业单位工作人员年度（聘期）考核登记表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | 性别 |  | 出生年月 |  |
| 政治面貌 | |  | 文化程度 |  | 现聘岗位 |  |
| 聘用时间 | |  | 从事工作 |  | | |
| 年度  （聘期）  工作  总结 |  | | | | | |

年度（聘期）

|  |  |
| --- | --- |
| 主管  领导  评鉴  意见 | 签名：  年月日 |
| 考核  工作  领导  小组  意见 | 盖章：  年月日 |
| 单位  意见 | 盖章：  年月日 |
| 被考核人员  意见 | 签名：  年月日 |
| 复核  意见 | 盖章：  年月日 |
| 备  注 |  |

机关工勤人员年度考核登记表

年度

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | 性别 |  | 出生年月 |  |
| 政治面貌 | | |  | 文化程度 |  | 所在岗位 |  |
| 从事工作 | | | |  | | | |
| 年度  工作  总结 |  | | | | | | |
| 主管  领导  评鉴  意见 | | 签名：  年月日 | | | | | | |
| 考核  工作  领导  小组  意见 | | 盖章：  年月日 | | | | | | |
| 单位  意见 | | 盖章：  年月日 | | | | | | |
| 被考核人员  意见 | | 签名：  年月日 | | | | | | |
| 复核  意见 | | 盖章：  年月日 | | | | | | |
| 备  注 | |  | | | | | | |

附件2

事业单位工作人员（含机关工勤）年度考核结果审核备案表（2020年度）

填报单位（盖章）：联系人：联系电话：填报日期：年月日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 项目 | | | 总计 | | 人员结构情况 | | | | | | | | | | | | | | |
| 管理人员 | | | | | | | 专业技术人员 | | | | 工勤人员 | | 试用期人员 | 机关工勤 |
| 小计 | 三至四级 | | 五至六级 | 七至八级 | | 九至十级 | 小计 | 一至七级 | 八至十级 | 十一级至  十三级 | 技术工 | 普通工 |
| 总人数 | | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 实参加考核人数 | 小计 | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 优秀等次 | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 合格等次 | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 基本合格等次 | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 不合格等次 | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 不定等次 | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 未参加考核人数 | | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
| 优秀等次比例情况 | | 优秀等次人员占全部人数（%） | | 其中 | | | | | | | | 机关工勤考核优秀等次占机关工勤总数（%） | | | 主管部门审核意见 | | 年月日 | | |  |
| 管理人员占事业单位全部人数（%） | | | 专业技术人员占事业单位全部人数（%） | | | 工勤人员占事业单位全部人数（%） | |
|  | |  | | |  | | |  | |  | | |

- 11 -

说明：1.“总计”栏对应的“总人数”，等于“实参加考核人数”与“未参加考核人数”之和。

2．优秀等次比例以“实参加考核人数”作为计算基数。

3.涉及一线医务人员的事业单位请在优秀等次总计、小计中注明单独核增的优秀名额数。

附件3

- 12 -

2020年度事业单位工作人员奖励情况统计表

主管单位（盖章）：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **项目** | | **定期奖励** | | | | **及时奖励** | | |  |
| **嘉奖** | **记功** | **记大功** | **小计** | **嘉奖** | **记功** | **记大功** | **小计** |
| **按被奖励人员岗位类别统计** | **管理岗位** |  |  |  |  |  |  |  |  |
| **专业技术岗位** |  |  |  |  |  |  |  |  |
| **工勤岗位** |  |  |  |  |  |  |  |  |
| **事业单位集体** | |  |  |  |  |  |  |  |  |
| **机关工勤** | |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 所属事业单位共（）个，总人数（）人。 | | | | | | | | |
| 填报人： |  |  | 联系电话： |  |  | 组织人事部门负责人： |  |  | |
| 填表说明：有相关情况的，填写具体数字，无相关情况的空白。 | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件4  - 13 - | | | | |  | |  | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |
| 2020年度事业单位工作人员处分决定统计表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管单位（盖章）： | | | | | | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |
| **项目** | | | | | | | **按处分种类统计** | | | | | | | | | | | | | | | | | | | | **按违法违纪行为统计** | | | | | | | | | | | | | | | | | | | | **依据《处分暂行规定》第二十二条作出处分** | | | |
| **警告** | | | | **记过** | | **降低岗位等级或撤职** | | | | **开除** | | | | **小计** | | | | **违反政治纪律** | | **违反工作纪律** | | | | **违反廉洁从业纪律** | | | **违反财经纪律** | | **违反职业道德** | | | | **违反社会公德** | | | **小计** | | | |
| **按被处分人员岗位类别统计** | | | **管理岗位** | | | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | |  | | | |  | | |  | | | |  | | | |
| **专业技术岗位** | | | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | |  | | | |  | | |  | | | |  | | | |
| **工勤岗位** | | | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | |  | | | |  | | |  | | | |  | | | |
| **机关工勤** | | | | | | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | |  | | | |  | | |  | | | |  | | | |
| **合计** | | | | | | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | |  | | | |  | | |  | | | |  | | | |
| 所属事业单位共（）个，总人数（）人。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填报人： | | | | | | |  | |  | | | 联系电话： | | | | | | |  | | | |  | | | 组织人事部门负责人： | | | | | | | | | | | | | | | | | |  | | | |  | | |
| 填表说明：有相关情况的，填写具体数字，无相关情况的空白。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 附件5  - 14 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020年度事业单位工作人员处分情况统计表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管部门（公章）：年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | | **姓名** | **性别** | | **民族** | | **出生年月** | | **是否中共党员** | | **工作单位** | | | | **岗位类型** | | | | | | **处分种类** | | | | | | | | **处分原因** | | | | | | | | | | | | | | **处分决定单位** | | | **处分决定时间** | **处分解除时间** | | | **是否按照津人社局发﹝2013﹞3号及有关规定及时调整工资待遇** | **备注** | | | | |
| **管理 岗** | **专技岗** | | | **工勤 岗** | | **警告** | | **记过** | | **降低岗位等级或撤职** | | **开除** | | **违反政治纪律** | | **违反工作纪律** | | **违反 廉洁从业纪律** | | | **违反财经纪律** | | | **违反职业道德** | **违反社会公德** | | |
|  | |  |  | |  | |  | |  | |  | | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  | | |  | | |  |  | | |  |  | | | |
|  | |  |  | |  | |  | |  | |  | | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  | | |  | | |  |  | | |  |  | | | |
| 所属事业单位共（）个，总人数（）人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填表人：联系电话：主管单位人事部门负责人： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填写说明:在“是否党员”、“岗位类型”、“处分种类”、“处分原因”项目中，符合相关选项的填“是”，无相关选项的空白。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 附件6  - 15 -  2020年度事业单位复核申诉情况统计表 | | | | | | |
| 主管部门（公章）：年月日 | | | | | | |
| 按救济类型统计（例） | | | 按处理结果类型统计（例） | | | |
| 复核 | 申诉 | 再申诉 | 维持原  处理决定 | 责令撤销或者直接撤销原处理决定 | 责令原单位变更或  直接变更原处理决定 | 责令原处理  单位重新处理 |
|  |  |  |  |  |  |  |
| 所属事业单位共（）个。 | | | | | | |
| 填表人：联系电话： | | | | 组织人事部门负责人： | | |

天津市城市公用事业管理局办公室 2021年1月5日印发