**桂林医学院附属医院2024年年休假情况统计表**

**科室：** **负责人签字：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 职工姓名 | 2024年休年休假天数 |  | 职工姓名 | 2024年休年休假天数 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |