**附表1：**

**长春医学高等专科学校工作制度目录**

**填表部门（盖章）**：                                                          **填表时间：**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **制度名称** | **原文件编号**  **(新增可不填此项)** | **牵头部门** | **配合部门** | **修订意见** | | | | |
| **继续执行** | **废止** | **修订** | **归并** | **新增** |
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备注：未以学校文件形式印发的工作制度不必填写“原文件编号”一栏。

分管校领导： 部门负责人： 内审员：

**附表2：**

**长春医学高等专科学校工作流程目录**

**填表部门（盖章）**：                                                             **填表时间：**

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| **工作流程名称** |  | **牵头部门** | **配合部门** | **修订意见** | | | | |
| **继续执行** | **废止** | **修订** | **调整** | **新增** |
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分管校领导： 部门负责人： 内审员：

**附表3：**

**长春医学高等专科学校工作标准目录**

**填表部门（盖章）**：                                                             **填表时间：**

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| **工作标准名称** |  | **修订意见** | | | |
| **继续执行** | **废止** | **修订** | **新增** |
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分管校领导： 部门负责人： 内审员：

**附表4：**

**长春医学高等专科学校部门工作职责目录**

**填表部门（盖章）**：                                                             **填表时间：**

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| **工作职责内容（列项）** |  | **修订意见** | | | | |
| **继续执行** | **废止** | **修订** | **调整** | **新增** |
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分管校领导： 部门负责人： 内审员：