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|  | 所属所番号 |  | | 職員給料額報告書　　　 No. | | | | | | | | | | |
|  | 職員番号 | 氏　　名 | | | 給料表 | 級 | 号給 | 区分 | 新給料表月額 | 昇給額 | | 異動年月日 | | 摘　　要 |
| 1 |  |  | | |  |  |  |  |  |  | |  | |  |
| 2 |  |  | | |  |  |  |  |  |  | |  | |  |
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| 14 |  |  | | |  |  |  |  |  |  | |  | |  |
| 15 |  |  | | |  |  |  |  |  |  | |  | |  |
| 16 |  |  | | |  |  |  |  |  |  | |  | |  |
| 17 |  |  | | |  |  |  |  |  |  | |  | |  |
| 18 |  |  | | |  |  |  |  |  |  | |  | |  |
| 19 |  |  | | |  |  |  |  |  |  | |  | |  |
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|  | 計 |  | | |  |  |  |  | 0 | 0 | |  | |  |
|  | 上記のとおり報告します。  　　　　　　年　　　月　　　日  　　　　　　　　　　　　　　　　　　　　　団体長名　　　　　　　　　　　　　　　　　　　　　　印  島根県市町村総合事務組合管理者　様 | | | | | | | | | | | | | |
|  | 注１．給料額の異動があった場合には異動発令のあった日から５日以内に提出のこと。 | | | | | | | | | | 事務取扱者 | |  | |
|  | 注2．給料額の減額の場合は昇給欄の額に△を記入すること。 | | | | | | | | | |  | |  | |
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