附件6

护林员公益性岗位人员统计表

**单位（盖章）： 填报时间：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **护林员姓名** | **脱贫户/监测户** | **巡林区域** | **备注** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |

**负责人： 填表人： 联系电话:**