附件：3

建筑施工特种作业人员继续教育完成学时清单

姓名： 聘用企业（公章）：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **培训时间** | **培训内容** | **学时** | **证明部门(公章)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**注：**证明部门填写企业或培训机构名称。