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| **高雄市政府勞工局 年度身心障礙者手語翻譯暨同步聽打申請** | | | | | | | | | |
| **手語翻譯暨同步聽打服務簽到退表** | | | | | | | | | |
| **手譯、聽打人員** | | | | | | | | | |
| **日期** | **簽到時間** | **簽退時間** | **服務時數(小時)** | | **簽到** | **簽退** | | **備註** | |
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| **受服務人員** | | | | | | | | | |
| **日期** | **簽到時間** | **簽退時間** | **受服務時數(小時)** | | **簽到** | **簽退** | | **備註** | |
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| **共計： 小時** | | | | | | | | | |
|  | |  |  | **申請單位或 申請人簽章** | | |  | |  | |