**综合大楼人脸识别门禁办理申请表**

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| **申 请 部 门 填 写** | | | | | | | | **监 控 中 心 填 写** | | |
| **申请科室** | | |  | | | | |
| **序号** | **工号** | **姓 名** | | **性 别** | **职 务** | **联系电话** | **需进入工作区域** | **时 效** | | **本人/照片** |
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| **申请科室主任审批意见：**  **签名： 日期：** | | | | | | | | | **监控中心管理员审核：**  **签名： 日期：** | |
| **保卫部主任审批意见：**  **签名： 日期：** | | | | | | | | |