附件1：

**豫北医学院教职工（含外聘教职工）乘坐通勤班车登记表**

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **部门** | **姓名** | **工号** | **联系方式** | **是否乘车** | **行车路线****1.新乡校区——平原校区（往返）****2.郑州客运北站——平原校区（往返）** |
|  |  |  |  |  | **是/否** | **路线1/2** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |