**附件1**

**拟申请减免工作量明细表（横、纵向）**

**院系：（盖章）**

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| **项目负责人** | **项目**  **名称** | **项目**  **来源** | **项目**  **类型** | **项目合同金额** | **项目合同**  **起止日期** | **项目到账金额** | **工作量减免分配** | | | | | | **项目负责人签字** |
| **拟减免工作量人员** | **拟减免学时** | **在项目中承担任务** | **拟减免学时按学年度分配计划** | | |
| **2022-2023** | **2023-2024** | **2024-2025** |
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说明：1、省部级及以上纵向项目按文件减免。

2、横向项目按**到账金额**予以减免，具体到账金额请到财务核对。