**附件4**

**2025年度山东省人力资源社会保障课题申报汇总表** **申报单位(盖章):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 课题类别 | 课题名称 | 负责人 | 成员 | 联系人 | **移动电话** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

联系人： **联系电话：**