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| **发 文 流 程 单** | | | | | | | | | | | |
| **成中医办〔2020〕号**\* | | **标题**\* |  | | | | | | | | |
| **文稿内容**\* | | （文稿连同相关附件一并上传） | | | | | | | | | |
| **主送**\* | |  | | | | | | | | | |
| **抄送** | |  | | | | | | | | | |
| **拟稿部门**\* | |  | | | | **拟稿人**\* | |  | **联系方式**\* | |  |
| **拟稿依据**\* | | （简述发文的必要性，字数不超过100字） | | | | | | | | | |
| **党委常委会/校长办公会审定情况**\* | | 是 否 | | 党委常委会 | | | 会审意见 | | | 以附件形式上传  “会审意见稿” | |
| 校长办公会 | | |
| **合法性审查** | | 已经审查  不需要审查 | | | | | | | | | |
| **部门会签** | | 否 是 | | | 会签部门： | | | | | | |
| **拟稿部门负责人**\* | | 同意提交 返回修改  签名： | | | | | | | | | |
| **党政办公室核稿**\* | | 秘书科\* | | 签名： | | | | | | | |
| 分管副主任\* | | 签名： | | | | | | | |
| 主任\* | | 签名： | | | | | | | |
| **分管校领导**  **审核**\* | | 签名： | | | | | | | | | |
| **校领导会签** | | 签名： | | | | | | | | | |
| **党委书记/校长**  **签发**\* | | 签名： | | | | | | | | | |
| **文件**\* | | 以附件形式上传文件  共（）页 | | | | | | | | | |
| **拟稿部门签收**\* | |  | | | | | | | | | |
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