附件2：

**数据采集质量监控表**

**部门名称：**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** |  |  |  | 序号及名称（全称） |  |  |  | 采集人（签字，不能代签） |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **如：表 3-1-1** | **专任教师基本信息** |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **（可增加行）** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **特殊情况** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **说明** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **（可增加行）** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 报表完整性审核 | 审核结果 |  |  |  |  |  |  |  |  |  |  |
| **数据采集人** |  |  |  |  |  |  |  |  |  |  |  |  | 审 |  |  |  |  |
| 数据正确性审核 | 审核结果 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | 核 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **数据核查情** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | 人 |  |  |  |  |
| 文档内容、格式审核 | 审核结果 |  |  |  |  |  |  |  |  |  |
| **况说明** |  |  |  |  |  |  |  |  |  |
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| **部门负责人** | 审核意见： |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **审核意见** |  |  |  |  |  |  |  |  |  | 签字： | 年 | 月 | 日 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **采集工作领** | 审核意见： |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **导小组审核** |  |  |  |  |  |  |  |  |  | 签字： | 年 | 月 | 日 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 完成时间 |  | 年 | 月 | 日 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 录入人员 |  |  |  |  |  |  | 殊 |  |  |  |  |  |  |  |  |  |
| **数据录入** | （签字） |  |  |  |  |  |  | 情 |  | **说明：特殊情况说明。** |  |  |
| **情况说明** |  |  |  |  |  |  |  | 况 |  |  |  |
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|  |  | 部门负责 |  |  |  |  |  |  | 说 |  |  |  |  |  |  |  |  |  |
|  |  | 人（签字） |  |  |  |  |  |  | 明 |  |  |  |  |  |  |  |  |  |
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| **数据提交** | 提交人 |  |  |  |  | 接受人 |  |  |  | 交接时间 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

联系人： 电话