瑞能实业供应商管理协同改善-

**职业经理人综合管理水平企业评价备案表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 企业名称 |  | | | | | | | | | | | |
| 办公地址 |  | | | | | | | | | | | |
| 主要产品和服务 |  | | | | | | | | | | | |
| 企业网址 |  | | | | | 微信公众号 | | | |  | | |
| 主营业务收入  （万元） | 2018年 | | | | 2019年 | | | 2020年 | | | | |
| 近三年是否有经营异常情况 | | | □无异常 □有异常（请附相关材料说明） | | | | | | | | | |
| 总经理姓名 |  | | | | 联系电话 | | |  | | | | |
| 员工人数 |  | | | | 管理岗人数 | | |  | | | | |
| 员工大专及以上  学历占比 |  | | | | 管理岗大专及以上  学历占比 | | |  | | | | |
| 企业  关键职能部门及  人数统计 | 职能部门名称 | | | | 员工人数 | | | 管理岗人数 | | | | |
|  | | | |  | | |  | | | | |
|  | | | |  | | |  | | | | |
|  | | | |  | | |  | | | | |
|  | | | |  | | |  | | | | |
|  | | | |  | | |  | | | | |
| 评价负责部门 | 部门 |  | | | 负责人姓名 | |  | | | | 职务 |  |
| 电话 |  | | | 企业邮箱 | |  | | | | | |
| 预约评价时间 | □6月 □7月上旬 □7月下旬 □8月上旬 □8月下旬 | | | | | | | | | | | |
| 评价地点 | □学校教室 □企业会议室（选此项，需要企业提供能容纳60人左右的会议室） | | | | | | | | | | | |
| 采用评价方式 | □企业开设评价专班，独立评价 □评价机构随机安排，集中评价 | | | | | | | | | | | |
| 评价对象选取 | □企业指定参加评价人员 □评价机构随机抽取 | | | | | | | | | | | |
| 近三年获得的  主要荣誉 | 荣誉名称 | | | 获得时间 | | | | | 授予部门 | | | |
|  | | |  | | | | |  | | | |
|  | | |  | | | | |  | | | |
|  | | |  | | | | |  | | | |
|  | | |  | | | | |  | | | |
|  | | |  | | | | |  | | | |
| 总经理意见 | 签名： 公司盖章处  时间： | | | | | | | | | | | |
| 瑞能意见 | 签名： 公司盖章处  时间： | | | | | | | | | | | |
| 评审结果及  专家建议 | 评审结果：  签名： 机构盖章处  时间： | | | | | | | | | | | |
| 专家建议： | | | | | | | | | | | |

**附表1：企业管理人员情况统计表**

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名 | 部门 | 职务 | 学历 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 姓名 | 部门 | 职务 | 学历 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |