附件2：

**用人单位劳动用工基本信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、 基 本 信 息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | |  | | | | | | | | | | | | | 经营住址 | | | | |  | | | | | | | | | | | | | | | | | | | |
| 注册资本（万元） | | |  | | | | 经营范围 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注册登记机关 | | |  | | | | | | | 机构类别 | | | | | |  | | | | | | | | | 机构证书编号 | | | | | | | | |  | | | | | | |
| 统一社会信用代码 | | |  | | | | | | | | | | | | | | | | | | | | | | 组织机构代码 | | | | | | | | |  | | | | | | |
| 成立日期 | | |  | | | | | | | 营业期限 | | | | | |  | | | | | | | | | 电子邮箱 | | | | | | | | |  | | | | | | |
| 法定代表/负责人 | | |  | | | | | | | 联系电话 | | | | | |  | | | | | | | | | 移动电话 | | | | | | | | |  | | | | | | |
| 人力资源经办人 | | |  | | | | | | | 联系电话 | | | | | |  | | | | | | | | | 移动电话 | | | | | | | | |  | | | | | | |
| 网格化信息 | | | 区（县） 乡（镇） 社区（村居） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **二、 劳 动 用 工** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 从业人员总数 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全日制人数 | | |  | | | | 女职工人数 | | | | | |  | | | | 童工人数 | | | | | | | | |  | | | | | 台港澳人数 | | | | | | | |  | |
| 农民工人数 | | |  | | | | 残疾人人数 | | | | | |  | | | | 未成年工人数 | | | | | | | | |  | | | | | 外国人人数 | | | | | | | |  | |
| 非全日制用工人数 | | |  | | | | 与外单位存有劳动合同关系人数 | | | | | |  | | | | 竞业限制以及  保密协议人数 | | | | | | | | |  | | | | | 实习生  人数 | | | | | | | |  | |
| 返聘离退休人数 | | |  | | | | 有劳动关系不在岗人数 | | | | | |  | | | | 约定服务期人数 | | | | | | | | |  | | | | | 其他 | | | | | | | |  | |
| 使用劳务派遣人数 | | |  | | | | 劳务派遣单位名称 | | | | | |  | | | | | | | | | | | | | | | | | | | 是否组建工会 | | | | | | |  | |
| **三、 劳动合同** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应订立书面劳动合同人数 | | | | |  | | | | | | | | | | | 固定期限劳动合同人数 | | | | | | | | | | | | | | |  | | | | | | | | | |
| 已订立书面劳动合同人数 | | | | |  | | | | | | | | | | | 无固定期限劳动合同人数 | | | | | | | | | | | | | | |  | | | | | | | | | |
| 订立口头劳动合同人数 | | | | |  | | | | | | | | | | | 以完成一定任务为期限劳动合同人数 | | | | | | | | | | | | | | |  | | | | | | | | | |
| 是否订立集体劳动合同 | | | | |  | | | | | | | | | | | 集体合同涉及人数 | | | | | | | | | | | | | | | |  | | | | | | | | |
| 集体合同名称 | | | | |  | | | | | | | | | | | 集体合同签订日期 | | | | | | | | | | | | | | | |  | | | | | | | | |
| 集体合同起始日期 | | | | |  | | | | | | | | | | | 集体合同终止日期 | | | | | | | | | | | | | | | |  | | | | | | | | |
| 订立书面劳动合同的非全日制职工人数 | | | | | | | | | | | |  | | | | | | 劳动合同约定最长试用期 | | | | | | | | | | | | | | | | | |  | | | | |
| 是否要求劳动者提供担保或以其它名义收取财物 | | | | | | | | | | | |  | | | | | | 是否扣押劳动者证件 | | | | | | | | | | | | | | | | | |  | | | | |
| 是否将其中一份劳动合同文本交由职工本人 | | | | | | | | | | | |  | | | | | | 是否按规定办理档案转移手续 | | | | | | | | | | | | | | | | | |  | | | | |
| **四、 工 资 支 付** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工资支付周期（天） | | | | |  | | | | | 工资支付形式 | | | | | | | | | |  | | | | | | | 最低月工资（元） | | | | | | | | | | |  | | |
| 职工平均月工资（元） | | | | |  | | | | | 月工资支付日期 | | | | | | | | | |  | | | | | | | 是否达到最低工资标准 | | | | | | | | | | |  | | |
| 工资总额（万元） | | |  | | | | | 是否按规定支付加班工资 | | | | | | | |  | | | | | | | | | | | | | | | | | | 是否按时足额发放 | | | | | |  |
| 拖欠工资人数 | | |  | | | | | 拖欠工资数额（元） | | | | | | | |  | | | | 是否建立工资台账 | | | | | | | | | | | | | |  | | | | | | |
| 是否按规定发放防暑降温费 | | | | | | | |  | | | | | | | | 是否向职工本人提供工资清单 | | | | | | | | | | | | | | | | | |  | | | | | | |
| **五、 工作时间和休息休假** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 实行标准工时制人数 | | | |  | | | | 日工作时长 | | | | 小时 | | 周工作天数 | | | | | 天 | | | | 最长日加班时长 | | | | | | | 小时 | | | | | 最长月加班时长 | | | | | 小时 |
| 实行综合计时制人数 | | | |  | | | | 涉及人数 | | | | | | | |  | | | | | | | 审批文号 | | | | |  | | | | | | | 审批时间 | | | | |  |
| 实行不定时工作制人数 | | | |  | | | | 涉及人数 | | | | | | |  | | | | | | | 审批文号 | | | | | |  | | | | | | | 审批时间 | | | | |  |
| 延长工作时间人数 | | | |  | | | | 延长工作时间是否经过工会或职工本人同意 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 考勤记录方式 | | | |  | | | | | | | 履行带薪休假制度情况 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **六、社会保险** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社保编号 |  | | | | | | | 登记起始日期 | | | | |  | | | | | 应参保人数 | | | | | | | | |  | | | | | | 欠缴总人数 | | | | | | |  |
| 登记终止日期 | | | | |  | | | | | 已参保人数 | | | | | | | | |  | | | | | | 欠缴总数额 | | | | | | |  |
| 险 种 | 缴费基数 | | | | | | 参保人数 | | 最近缴费月份 | | | | | | | 已缴金额 | | | | | | | 欠缴人数 | | | | | | 欠缴数额 | | | | | | | | | 参保机构 | | |
| 基本养老保险 |  | | | | | |  | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | |  | | |
| 失业保险 |  | | | | | |  | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | |  | | |
| 医疗保险 |  | | | | | |  | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | |  | | |
| 工伤保险 |  | | | | | |  | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | |  | | |
| 生育保险 |  | | | | | |  | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | |  | | |
| **七、 特殊劳动保护** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 女职工人数 |  | | | | | | 职工最小年龄 | |  | | | | | | | 未成年工人数 | | | | | | |  | | | | | | 办理未成年工登记 | | | | | | | | |  | | |
| 是否存在职业危害岗位 | | | | | | |  | | 是否安排女职工、未成年工从事国家规定禁忌从事的劳动 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 女职工是否按规定享受产假 | | | | | | |  | | 是否为哺乳期女职工安排1小时哺乳时间 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **八、 劳 动 用 工 规 章 制 度** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否建立规章制度 | |  | | | | 是否经职代会、工会等协商 | | | | | | | | | |  | | | | | | | | 是否向职工公示 | | | | | | | | | | | | |  | | | |

用人单位经办人： 日 期： 年 月 日 用人单位盖章：

劳动保障监察员（协管员）： 日 期： 年 月 日

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（注：此表所需数据为2023年填表时最近一个月的数据。例如填表时间为2023年6月份，则填写2023年5月份的数据。）