张店区用人单位吸纳就业困难人员社保补贴申领表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称（盖章）： | | | | |  |  | 统一社会信用代码： | | | |  | | 年 月 日 | | |
| 序号 | 姓名 | 年龄 | 性别 | 身份证号码 | | 人员类别 | 签订劳动合同期限 | 补贴申请期限 | | | 社保基数 | 社保补贴金额（元） | | | 备注 |
| 起始月 | 终止月 | 月数 |
| 1 |  |  |  |  | |  |  |  |  |  |  |  | | |  |
| 2 |  |  |  |  | |  |  |  |  |  |  |  | | |  |
| 3 |  |  |  |  | |  |  |  |  |  |  |  | | |  |
| 4 |  |  |  |  | |  |  |  |  |  |  |  | | |  |
| 合 计（元） | | | | | | | | | | | |  | | |  |
| 开户银行 | |  | | | | 开户账号 |  | | | 填表人 |  | 联系电话 | |  | |
| 备注： 1.单位加盖公章。 2.申请单位需提供真实资料并据实填报信息，如与实际情况不一致，承担相应责任。 | | | | | | | | | | | | | | | |