|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **济宁市企业吸纳就业困难人员社补和岗补申请表** | | | | | | | | | | | | | |
| **申报单位（盖章）:** | | |  |  |  |  |  |  | **填表时间： 年 月 日** | | | | |
| **序号** | **姓名** | **身份证号码** | **人员类别** | **基数** | **享受补贴期限** | **本次申请期限** | **社会保险补贴** | | | | | **岗位补贴** | **金额** |
| **养老保险** | **医疗保险** | **失业保险** | **工伤保险** | **生育保险** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合 计 | | | | | | |  |  |  |  |  |  |  |
| 负责人： | |  |  |  | 联系人： |  |  | 联系电话： | | |  |  |  |

备注：1、养老、医疗、失业、工伤和生育均为季度应补贴数额；2、本表一式两份。