## 附件3

## 梅州市企业一次性吸纳就业人员花名册

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| 申请单位名称（盖章）： 填报日期： | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号码 | 联系电话 | 就业失业登记证  号码 | 签订劳动合同起止时间 | 社会保险缴费  起止月份 | 申请补贴金额（元） |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |
| 合计申请补贴： 人 合计申请补贴金额： 元 | | | | | | | | |

经办人签名： 负责人签名：