## 附件5

## 梅州市职业介绍补贴人员花名册

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| 申请单位名称（盖章）： 申请日期： | | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号码 | 就业失业登记证号码 | 联系电话 | 享受免费职业介绍日期 | 就业单位名称 | 社会保险费缴费起止月份 | 申请补贴金额（元） |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
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| 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：