|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件5  公益性岗位社保补贴和岗位补贴花名册  申请单位（盖章）： | | | | | | | | | |
|
| 序号 | 姓 名 | 性别 | 身份证号码 | 就业援助对象类型 | 公益性岗位劳动合同起止日期 （年月—年月） | 个人岗位补贴起止日期（年月） | 社保补贴起止日期（年月） | 社保缴纳金额（元/月） | 合计（元） |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| **合 计** | | | | | | | |  | |