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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **用人单位申领安排残疾人就业岗位补贴超比例奖励残疾人职工花名册** | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **用人单位：（盖章） 残疾人就业服务机构：（盖章）** | | | | | | | | | | | |
| **序号** | **姓 名** | **性别** | **年龄** | **身份证号** | **户籍所在 区县、街道** | **联系电话** | **劳动合同期限 （年 月—年 月）** | **申请岗位补贴金额** | **享受 补贴 次数** | **是否享受 劳动保障部门 岗位补贴** | **是否 在岗** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |
| **注：1、劳动合同期限，按签订劳动合同（事业单位签订聘用合同）的实际期限或无固定期限** | | | | | | | |  |  |  |  |
| **2、此表由用人单位填写一式二份，区（县）残疾人就业服务机构、用人单位各一份。** | | | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **用人单位填表人： 电话： 残疾人就业服务机构审核人： 电话： 年 月 日** | | | | | | | | | | | |