常德市小微企业吸纳高校毕业生社会保险补贴花名册

单位盖章： 填表日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号码 | 联系方式(移动电话) | 毕业院校 | 毕业时间 | 月均工资（元） | 上岗日期 | 连续上岗时间（月数） | 社会保险补贴金额（元） |
| 养老 | 医疗 | 失业 | 小计 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |

总计申请补贴人数： 人，总计申请补贴金额： 元。

社会保险费单位缴费明细表

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| 缴费年月 | 姓名 | 身份证号码 | 养老保险缴费基数 | 养老保险单位部分 | 医疗保险缴费基数 | 医疗保险单位部分 | 失业保险缴费基数 | 失业保险单位部分 | 备注 |
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| 合计 | —— | —— |  |  |  |  |  |  |  |

注：填报符合补贴人员缴费明细，每月一条记录。