**小微企业社保补贴花名册**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请单位名称（盖章）： | | | | | 申请日期： | | | 联系人： 联系电话： | | | | | | | 申请表编号：12345678-1 | | | |
| 序号 | 姓名 | 性别 | 证件号码 | 学历 | 毕业日期 | 毕业学校 | 签订劳动  合同日期  （年月日） | | 劳动合同期限（年月日-年月日） | 申请补贴期社会保险缴费  单位部分金额（元） | | | | | | | 申请补贴金额合计（元） | 签名 |
| 1 | 王一二 | 男 | 123456789012345678 | 大学 | 20191231 |  | 20190101 | | 20190101-20191231 | 养老 | 失业 | 工伤 | | 医疗 | | 生育 | 王一二 |
| 2 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 3 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 4 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 5 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 6 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 7 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 8 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 9 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 10 |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| 合计 | | | | | | | | | |  |  | |  |  | |  |  | |