附件3-1-2

符合享受就业困难人员社会保险补贴花名册

申请单位（盖章）： 填报日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号码 | 认定就业困难人员身份时间 | 单位为其购买社保开始日期 | 单位每月为其缴纳的金额 | 本次申请月份 | 本次申请补贴金额 | 劳动合同起止日期 | 累计已补贴月数 | 移动电话 | 本人签名确认 |
| 年月至年月 | 年月至年月 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| 合计：共 人，申请金额 元。 |

 注：表格行数不够的可以续下一页，但序号、页码需连续。