北仑区用人单位招用大龄被征地人员申请用工补助登记表

申报单位（盖章）： 填报日期： 年 月 日 登记表编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位性质 | | | |  | | | | | 营业执照号 | | | | | | |  | | | | | | | | | | | 法人代表或负责人 | | |  | | | 单位全部从业人数 | | |  | | | | 申报人数 | | |  | | | | 社保参保地 | | |  | | |
| 实际经营地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 经办人 | | |  | | | | 单位电话 | | |  | | | | 邮政编码 | | |  | | |
| 人 员 情 况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 缴纳各类保险情况 | | | | | | | 审 核 内 容 | | | | | | | | | | | | | | |
| 栏 | 1 | | 2 | | | | | | | | | | | | | | | | | | | | | | | 3 | 4 | 5 | | 6 | | 7 | | 8 | 9 | | 10 | | 11 | | 12 | 13 | | 14 | | 15 | | 16 | 17 | | 18 |
| 序 | 姓 名 | | 身 份 证 号 码 | | | | | | | | | | | | | | | | | | | | | | | 人员类别 | 属地 | 申报  月份 | | 养老缴  纳月份 | | 医疗缴  纳月份 | | 失业缴  纳月份 | 土保缴纳月份 | | 人员  类别 | | 属地 | | 实际用  工月份 | 养老缴  纳月份 | | 医疗缴  纳月份 | | 失业缴  纳月份 | | 土保缴纳月份 | 可享受月份 | | 用工补  助金额 |
| 1 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 2 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 3 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 4 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 5 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 6 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 7 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 8 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 9 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 10 |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| 合 计 | | |  | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |
| **养老**  **保险**  **经办**  **机构**  **审核**  **意见** | | 审核人：  （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | **医疗**  **保险**  **经办**  **机构**  **审核**  **意见** | | | | | 审核人：  （单位盖章）  年 月 日 | | | | | | **失业**  **保险**  **经办**  **机构**  **审核**  **意见** | | 审核人：  （单位盖章）  年 月 日 | | | | | **土征**  **人员**  **养老**  **保险**  **经办**  **机构**  **审核**  **意见** | | 审核人：  （单位盖章）  年 月 日 | | | | | | | 经审核，符合享受再就业用工补助：  人，共 月，  合计用工补助 元。  受理审核人：  复核人： 年 月 日 | | | | | | |

注：1、人员类别填写：（1）农村低保人员；（2）4050被征地人员。

2、属地按以下填写：（1）新碶街道；（2）大碶街道；（3）小港街道；（4）柴桥街道；（5）霞浦街道；（6）白峰街道；（7）春晓街道；（8）梅山街道；（9）戚家山街道；（10）郭巨街道。

3、单位性质按工商营业执照填写。

**宁波市北仑区人力资源和社会保障局制**