附件6

湖南省小微企业招用离校2年内未就业高校毕业生享受社会保险补贴申报花名册

申报单位（盖章）：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 居民身份证号码 | 毕业学校 | 毕业时间 | 毕业证书编号 | 性别 | 出生年月 | 招聘录用时间 | 缴费时间(年、月至年、月) | 单位缴费部分金额(元) | 申请补贴金额(元) |
| 合计 | 基本养老保险费 | 基本医疗保险费 | 失业保险费 | 合计 | 基本养老保险费 | 基本医疗保险费 | 失业保险费 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 合 计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 单位负责人： 填表人： 填表日期： |