附件4

湖南省企业（单位）招用和公益性岗位安排就业困难人员

享受社会保险补贴申报花名册

申报单位（盖章）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证  号码 | 就业失业登记证编号 | 性别 | 出生年月 | 是否距法定退休年龄不足五年 | 招聘录用时间 | 缴费基数(元) | 缴费时间(年、月至年、月) | 企业部分 缴费金额(元) | | | | 申请补贴金额(元) | | | | 备注 |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合 计 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 单位负责人： | | |  |  |  |  |  | 填表人： | |  | |  |  |  |  | 填表日期： | | |