附件5

用人单位吸纳就业社会保险补贴申请表

填写日期：年月日

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| 单位名称（盖章） |  | 统一社会信用代码 |  | 联系人 |  | 联系电话 |  |
| 地址 |  | 开户名 |  | 开户银行 |  | 银行账号 |  |
| 序号 | 姓 名 | 身 份 证 号 码 | 就业登记时间 | 人员类别 | 学历 | 毕业时间 | 劳动合同起止日期 | 申请补贴起止日期 | 申请补贴金额 |
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| 合 计 |  |

备注：1.人员类别按①大龄失业人员、②低保失业人员、③高校毕业生填写。

2.非高校毕业生无需填写学历和毕业时间。