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。