|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件3-6  南沙区脱贫人口一次性岗位补贴花名册 | | | | | | | | | | |
| 镇街公共就业服务机构 （加盖公章）： 联系电话： 填表日期： 年 月 日 | | | | | | | | | | |
| 序号 | 姓 名 | 性别 | 身份证号码 | 户籍地址 | 联系电话 | 社保卡开户行名称 | 社保卡银行账号 | 用人单位名称 | 劳动合同期 | 补贴金额（元） |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 合 计 | | | | | | | | | |  |
| 注：此表一式3份填报（镇街公共就业服务机构、区人社局、区财政局各存1份）。 | | | | | | | | | | |