附件6

机关事业单位缴纳社会保险费员工名单

（不享受社保费返还）

派遣企业盖章 用工单位盖章

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号码 | 社保编号 | 联系号码 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

（每页都需盖章）