附表5

就业创业补贴人员明细表

单位盖章(个人签名)： （补贴名称： ） 时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号码 | 《就业创业证》编号 | 性别 | 户籍 | 联系电话 | 证件号码 | 发证日期 | 劳动合同起讫时间 |
|
| 1 |  |  |  |  |  |  |  |  | - |
| 2 |  |  |  |  |  |  |  |  | - |
| 3 |  |  |  |  |  |  |  |  | - |
| 4 |  |  |  |  |  |  |  |  | - |
| 5 |  |  |  |  |  |  |  |  | - |
| 6 |  |  |  |  |  |  |  |  | - |
| 7 |  |  |  |  |  |  |  |  | - |
| 8 |  |  |  |  |  |  |  |  | - |
| 9 |  |  |  |  |  |  |  |  | - |
| 10 |  |  |  |  |  |  |  |  | - |

 注：此表单位填写，一式两份，人力社保部门和申请单位各留存1份