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| **用人单位吸纳高校毕业生就业社会保险补贴人员名单** | | | | | | | | | | | | |
| 单位名称（公章） | | |  |  | |  |  |  |  |  |  |  |
| 序 号 | 姓 名 | 身份证号码 | 毕业 时间 | 工作 岗位 | | 合同签订起止时间 | 社会保险补贴（元）×12个月 | | | | | |
| 养老 保险 （ %） | 医疗 保险 （ %） | 失业 保险 （ %） | 工伤 保险 （ %） | 生育 保险 （ %） | 合计 （元） |
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| 填表人（签字）： | | | 联系电话： | | |  |  |  | 负责人（签字）： | |  |  |
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| 注：此表一式2份（由县区填报并附电子表格），市就业和人才服务中心、市财政部门各留存一份。 | | | | | | | | | | | | |