汕头市小微企业社保补贴汇总表（2022制）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **身份证号码** | **毕业时间（年月日）** | **签订劳动合同期限 （年月日-年月日）** | **缴纳社保期限（年月-年月）** | **该人员前期已享受小微企业社保补贴期限（年月-年月）** | **该人员前期已享受灵活就业社保补贴期限（年月-年月）** | **本次申请补贴期限**  **（年月-年月）** | **申请期限内社保补贴情况（单位缴纳部分，单位：元）** | | | | | **申请补贴**  **金额（元）** |
| **养老** | **失业** | **工伤** | **生育** | **医疗** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合计 | | | | | | | | | |  |  |  |  |  |  |

申请单位名称（盖章）： 申请日期： 年 月 日