汕头市一般性岗位补贴人员汇总表（2022年制）

申请单位名称（盖章）： 申请日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **年龄** | **身份证号码** | **人员类别（填代码）** | **签订劳动合同期限（年月日-年月日）** | **缴纳社保期限**  **（年月-年月）** | **该人员前期已享受一般性岗位补贴期限**  **（年月-年月）** | **该人员前期已享受公益性岗位补贴、乡村公益性岗位补贴期限**  **（年月-年月）** | **本次申请补贴期限（年月-年月）** | **申请补贴**  **金额（元）** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| **合计** | | | | | | | | | | |  |

**注：人员类别：1.就业困难人员；2.脱贫人口。**