附件1

**吉林省参保企业职工技能提升补贴申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | |  | | | | | | | **性别** | | | |  | | | **出生日期** | | | | |  | | | | | |
| **单位全称** | | | (营业执照为准) | | | | | | | | | | | | | | | | | | | | | | | | |
| **所属行业** | | |  | | | | | | | **单位地址** | | | |  | | | | | | | | | | | | | |
| **职业（工种）及等级** | | |  | | | | | | | **证书编号** | | | |  | | | | | | **核发日期** | | | | |  | | |
| **家庭地址** | | |  | | | | | | | | | | | **联系电话** | | | | | | | |  | | | | | |
| **身份证号** | | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  | |  | |  |  | |  |  |
| **社会保障卡或银行卡号** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **开户银行** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **技能补贴申领**  **情况** | □初次申请； □多次申请， 年 月已申领过  职业（工种） 等级的技能提升补贴。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺书  本人承诺以上内容及所提供的材料真实有效，如有虚假不得享受相关补贴，并承担相应法律责任。  年 月 日  申请人签字：  代办人签字：  代办人身份证号： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **社保**  **经办**  **机构**  **审核** | | 根据吉林省参保职工技能提升补贴政策有关规定，申请人取得  职业（工种） 级资格证书，（是、否）属本地区紧缺急需职业（工种）目录，可享受技能提升补贴 \_\_\_\_\_\_\_\_\_元。    年 月 日  （盖章） | | | | | | | | | | | | | | | | | | | | | | | | | |

经办人（签章）： 复核人（签章）：