附件1

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **吉林省灵活就业人员登记申报认定表** | | | | | | | | | | |  | | | | | | | | | | | 姓名 | |  | | 性别 | |  | 身份证号码 |  | | | 《就业创业证》 编号 | |  | | 家庭住址 | | |  | | | | 联系电话 | | |  | | | | 主要就业经历 | |  | | | | | | | | | 从事灵活就业 类型及行业 | | 1．自营劳动者（ ） | | | | | 行业： | | | | 2．自主就业者（ ） | | | | | 行业： | | | | 3．临时就业者（ ） | | | | | 行业： | | | | 每周  工作时间 |  | 个人  月收入 |  | | 家庭人均月收入 | |  | 技术  专长 |  | | 拟申请享受  扶持政策 | | 1．免费公共就业服务（ ） | | | | | | | | | 2．就业培训或创业培训（ ） | | | | | | | | | 3．社会保险补贴( ) | | | | | | | | | 4．创业担保贷款( ) | | | | | | | | | 5．其他（ ） | | | | | | | | | 本人签字确认 | | 年 月 日 | | | | | | | | | | 街道（乡镇）、社区人力资源社会保障事务所（站）  审核意见 | | （签章）  年 月 日 | | | | | | | | | | |

附件2

**灵活就业（自主创业）社会保险补贴申请审批表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （ 年度） | | | | | | | | |
| 编号 | 姓名 | 性别 | 身份证号码 | 《就业创业证》  编号 | 享受补贴  起止时间 | 社保缴费号码 | 人员类别 |  |
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| 街道（乡镇）、  社区人力资源社会保障事务所（站）  初审意见 | | | （签章）  年 月 日 | | | | |  |
| 县（市、区）就业服务局审核意见 | | | （签章）  年 月 日 | | | | |

备注：享受补贴起止时间为核定其享受补贴月份至本年度12月份，不可跨年度。

附件3

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| **灵活就业（自主创业）社会保险补贴资金审批表** | | | | | | |
| （ 年度） | | | | | | |
|  | | | | | | |
| 街道（乡、镇）  社区 | 总人数 （人） | 总金额 （万元） | 养老保险 补贴情况 | | 医疗保险 补贴情况 | |
| 人数 （人） | 金额 （万元） | 人数 （人） | 金额 （万元） |
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| 合计 |  |  |  |  |  |  |
| 县（市、区）  就业服务局审核意见 | （签章）：     年 月 日 | | | | | |
| 县（市、区）  财政局审核意见 | （签章）：    年 月 日 | | | | | |

附件4

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| **单位（企业）社会保险补贴申请审批表** | | | | | |
| （ 年 季度） | | | | | |
| 单位（企业）名称： | | | | | |
| 编号 | 姓名 | 性别 | 身份证号码 | 《就业创业证》编号 | 人员类别 |
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| 县（市、区） 就业服务局审核意见 | | | （签章）  年 月 日 | | |

附件5

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| **单位（企业）社会保险补贴资金审批表** | | | | | | | | | | | | |
| （ 年 季度） | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 单位 | 总人数 （人） | 总金额 （万元） | 养老保险  补贴情况 | | 医疗保险  补贴情况 | | 失业保险  补贴情况 | |  | | 工伤保险补贴情况 | |
| 人数 （人） | 金额 （万元） | 人数 （人） | 金额 （万元） | 人数  （人） | 金额 （万元） |  | 金额 （万元） | 人数 （人） | 金额 （万元） |
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| 合计 |  |  |  |  |  |  |  |  |  |  |  |
| 县（市、区）  就业服务局审核意见 | （签章）     年 月 日 | | | | | | | | （签章）：    年 月 日 | | | |
| 县（市、区）  财政局审核意见 | （签章）     年 月 日 | | | | | | | |  | | | |