以工代训申请人员花名册

（必须为缴纳失业保险人员）

企业名称（盖章）：填表时间： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **身份证号码** | **补贴期限****月至月** | **补贴金额** | **联系电话** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
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注：本表一式3份，企业、企业驻地所在镇（街道）、人力社保部门各1份。