**北京市用人单位招用残疾人**

**岗位补贴和社会保险补贴人员花名册**

用人单位（公章）: 年 月 日

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 残疾（军）人证号 | 联系电话 | 申请补贴金额 | 备注 |
| 岗位补贴 | “三类残疾人”社会保险补贴 | 残疾人毕业生社会保险补贴 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

注：此表由用人单位填写，一式两份，区残疾人就业服务机构、用人单位各一份。表格不够可另附页