## 创业带动就业补贴人员花名册

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 申请单位名称（盖章）： | | |  | 申请日期： | |  | |
| 经办人： | | |  | 经办人联系电话： | |  | |
| 序号 | 姓名 | 性别 | 身份证号码 | | 签订劳动合同期限（年月日——年月日） | | 手机号码 |
| 1 |  |  |  | |  | |  |
| 2 |  |  |  | |  | |  |
| 3 |  |  |  | |  | |  |
| 4 |  |  |  | |  | |  |
| 5 |  |  |  | |  | |  |
| 6 |  |  |  | |  | |  |
| 7 |  |  |  | |  | |  |
| 8 |  |  |  | |  | |  |
| 9 |  |  |  | |  | |  |
| 10 |  |  |  | |  | |  |
| 11 |  |  |  | |  | |  |

注：表中不填写法定代表人或主要负责人、在本单位缴纳社保费不满6个月的人员和已离职的人员。