附件5：

### 浦江县公益性岗位补贴申领清册

填报单位（盖章）： 填报时间： 年 月 日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 身份证号 | 就业/失业证编号 | 补贴标准 | 用工期限 | 补贴月数 | 金额（元） |
| 岗位补贴 | 养老 | 医疗 | 失业 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| **合计** |  |  |  |  |  |  |  |  |  |  |