**太原市小微企业招用高校毕业生就业困难人员社保补贴花名册**

单位名称（盖章） 年 月 日

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| **序号** | **姓名** | **性别** | **身份证号** | **身份类别** | **劳动合同**  **起止时间** | **联系电话** | **申请补贴**  **资金年度** | **申请补贴金额** | | | | **就业创业证编号** |
| **养老** | **医疗** | **失业** | **工伤** |
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**身份类别：高校毕业生、就业困难人员 企业负责人： 填报人： 联系电话：**