附件4

**用人单位申请基层公共管理和社会服务岗位补贴花名册**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号码 | 就业创业证号 | 对象  类型 | 签订劳动合同  ( 年 月至　 年　 月) | 是否缴纳社会保险 | 补贴金额（元） | 电话 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |

备注：电话应为基层公共管理和社会服务岗位安置人员的个人手机号码或家庭联系电话。