附件2

申报住宿餐饮行业应对疫情影响加快复工复业新增就业补贴花名册

填报单位（盖章）： 填报日期：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号码 | 手机号码 | 合同起止时间 | 上岗时间 | 连续在岗月数 | 月工资额 |
|   |   |   |  |   |   |   |  |  |
|   |   |   |  |   |   |   |  |  |
|   |   |   |  |   |   |   |  |  |
|   |   |   |  |   |   |   |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|   |   |   |  |   |   |   |  |  |
|  |   |   |  |   |   |   |  |  |