附件1

零陵区按比例安排残疾人就业申报审批表

用人单位名称（盖章）： 编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | 性别 | | |  | | | 出生年月 | | | |  | | | | | | （2寸免冠近照） | | | | |
| 文化程度 | |  | | | 民族 | | |  | | | 政治面貌 | | | |  | | | | | |
| 残疾类别 | |  | | | 残疾  等级 | | |  | | | 婚姻状况 | | | |  | | | | | |
| 残疾证号 | |  | | | | | | | | | 办证时间 | | | |  | | | | | |
| 身份证号码 | |  | | | | | | | | | | | | | | | | | | |
| 有 何 技  能 特 长 | |  | | | | | | | | | | | | | | | 联系  电话 | |  | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及主要社会关系 | 称谓 | | 姓 名 | | | 年龄 | | | | 政治  面貌 | | | 工作单位及职务 | | | | | | | | | | 联系电话 | | |
| 父亲 | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
| 母亲 | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
| 配偶 | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
| 子（女） | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
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| 就业人员是否有劳动、人事  行政部门办理招聘、录用手续 | | | | | | | | |  | | | | | 公务员 | | | | 固定工 | | | | 合同工 | | | 临时工 |
|  | | | |  | | | |  | | |  |
| 何年何月何处参加工作 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 用人单位对  招聘录用的  残疾工作人  员在岗位是  否合理核定 | | | | 劳动定额 | | | 转正 | | | | | 定级 | | | | 晋升 | | | | 培训 | | | | 职称评定 | |
|  | | |  | | | | |  | | | |  | | | |  | | | |  | |
| 劳动报酬  （月工资） | | | 医疗保险 | | | | | 社会保险 | | | | 生活福利 | | | | 失业保障 | | | | 评奖 | |
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附件2

零陵区按比例安排残疾人就业情况核定申报表

申报年度： 年

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 申报单位（章） | |  | 邮 编 |  | 纳税人识别号 |  | |
| 地 址 | |  | 单位性质 |  | 所属税务局 |  | |
| 法定代表人 | |  | 经办人 |  | 联系电话 |  | |
| 在职职工人数 | |  | 在职职工年工资总额 | |  | | |
| 在职残疾职工人数 | |  | 社保登记编码 | |  | | |
| 残  疾  职  工  花  名  册 | 姓 名 | 残疾人证、残疾军人证号 | 残疾等级 | 月工资 | 社保个人编号 | 残疾人（监护人）联系电话 | 是否劳务派遣 |
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单位负责人： 填报人： 申报日期： 年 月



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| 未予认定残疾职工名册 | 姓 名 | 残疾人证、残疾军人证号 | 未予认定原因 | 未予认定的原因 |
|  |  |  | 1、残疾人证办证时间、残疾军人证级别未达标，无残疾人证（伤残证、医疗诊断）；  2、残疾人工资未达标；  3、残疾人未买齐五险（医疗、生育、工伤、失业、养老）或保险未达标；  4、合同未达标；  5、其他 。 |
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| 提示：申报人安排有残疾人就业的，向税务机关申报缴纳残保金时必须出具核定书；无核定书或核定书不在有效期限内的，按未安排残疾人就业全额申报缴纳。 | | | | |