附件2：

湖南省按比例安排残疾人就业情况申报表

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申报单位  （章） | |  | | | 纳税人识别号 | | |  | | | | |
| 机构所在地 | |  | | | | | | 邮 编 | |  | | |
| 法定代表人 | |  | | 经办人 |  | | | 联系电话 | |  | | |
| 上年度月平均职工总数 | | | |  | | 上年度在职职工年平均工资 | | | | |  | |
| 已就业残疾职工人数 | | | |  | 其中安排1人按2人计算的残疾人数 | | | | | | |  |
| 残  疾  职  工  花  名  册 | 姓 名 | | 残疾人证号 | | | | 合同期限 | | 月工资 | | | 社保情况 |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |
|  | |  | | | |  | |  | | |  |

**填报人： 核实人（章）：**