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| 附件2 | | |  | |  | | |  | |  |  | | | |  | |  |  | |  |  |
| 中山市用人单位在岗就业残疾人职工名册 | | | | | | | | | | | | | | | | | | | | | |
| （ 年） | | | | | | | | | | | | | | | | | | | | | |
| 用人单位（盖章）： 组织机构代码： | | | | | | | | | | | | | | | | | | |  | | |
| 序 号 | 姓名 | 性别 | | 出生 年月 | | 残疾 类别 | 残疾 等级 | | 残疾人证或残疾军人证证号 | | | 户籍地 | 户籍镇（街道）、村(社区)居民委员会 | 劳动合同期限 (年月至年月) | | 从事工种 | | | 亨受超比例奖励次数 | | |
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|
| 1 |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
| 2 |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
| 3 |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
| 4 |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
| 5 |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
| 6 |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
| 7 |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
| 8 |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
|  |  |  | |  | |  |  | |  | | |  |  |  | |  | | |  | | |
| 用人单位填表人： 联系电话： 填报日期： 年 月 日 | | | | | | | | | | | | | | | | | | |  | | |
| 中山市残疾人服务中心审核人(签名)： 审核日期： 年 月 日  填报说明：  “户籍地”属外省填报省名称、本省填报地级市名称、本市填报中山;“劳动合同期限”按签订劳动合同(事业单位签订聘用合同)的实际期限或无固定期限填报。 | | | | | | | | | | | | | | | | | | |  | | |