附件2

**湘潭市高校毕业生就业补贴汇总表**

申报企业名称： （公章） 联系人： 联系电话： 申报日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **身份证号** | **联系电话** | **户籍地** | **学历** | **就业失业****登记证号** | **毕业****时间** | **劳动合同****起止时间** | **就业补贴****年 度** | **就业补贴****金 额** | **开户行** | **银行账号** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合计 |  |