附件8

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| 疫情期间东疆企业新招员工补贴申请表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 组织机构代码 | | | | | ： | |  |  |  |  |  |  |  |  | － | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 单位名称： | | | | |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 在册职工人数 | | | | | | |  | | | | | | | | | | | | | 申请补贴人数 | | | | | | | | | | | |  | | | | | | | | | | | |
| 单位地址 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系人 | | | | | | |  | | | | | | | | | | | | | 联系电话 | | | | | | | | | | | |  | | | | | | | | | | | |
| 单位银行户名 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 开户银行名称 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 银行账号 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 单位申请 | 我单位是东疆注册企业，具有独立法人资格，受新型冠状病毒感染的肺炎疫情影响、生产经营遇到困难。由于企业经营的需要，自2020年2月14日起至 年月日招录名新员工，并依法缴纳社会保险满三个月，现申请新招员工补贴元。  我单位承诺，以上所述属实。如不属实，愿意承担相应法律责任。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  |  | 法定代表人签字/章： | | | | | | | | | |  |  | |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  | （企业公章） | | | | | | | | | |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  |  |  | 年 月 日 | | | | | | | | | | |
| 招商部门审核意见 | 经审核，该企业在东疆注册企业，具有独立法人资格，受新型冠状病毒感染的肺炎疫情影响、生产经营遇到困难，□符合 □不符合 申请条件。  审核人： 复核人： 批准人： 经办部门（公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 人社局审核意见 | 经审核，由于该企业经营的需要，自2020年2月14日起至 年月日招录名新员工，并依法缴纳社会保险满三个月，可以享受新招员工补贴元。  审核人： 复核人： 　　　 批准人： 经办部门（公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 财政局审核意见 | 按照政策规定，经审核，该企业符合享受新招员工补贴。给予补贴元（大写：），补贴人数人。  审核人：复核人：批准人：经办部门（公章）  　 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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