附件4 公益性岗位社保补贴和岗位补贴花名册

申请单位（盖章）：

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| 姓名 | 性别 | 身份证号码 | 就业援助对象认定时间 | 就业援助对象类型 | 公益性岗位劳动合同起止日期( 年 月- 年 月) | 个人岗位补贴金额（元） | 开户银行 | 银行帐号 | 联系电话 |
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备注：联系电话应为申请公益性岗位社保补贴和岗位补贴的就业困难人员个人手机号码或家庭联系电话。