附件2

**吸纳脱贫人口就业补贴花名册**

申领单位（公章）：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 证件号码 | 户籍详址 | 联系方式 | 户籍地所属地\* | 脱贫人口类别 | 参保开始月份 | 参保月数（统计期内） | 签名确认 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |