附件1

**西藏自治区用人单位安排残疾人就业申报表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称（公章） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代表人/负责人 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2023年度在岗职工总人数 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2023年度在岗残疾职工人数 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位类型 | | □机关 □事业 □团体 □国企 □私企 □民办非企业单位 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 统一社会信用代码 | |  |  | |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
| 联系人姓名 |  | | | 联系人手机号 | | | | | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |
| **申报材料**   1. 残疾职工身份证正、反两面复印件；残疾职工残疾（军）人证原件及复印件。 2. 在编证明、依法签订的劳动合同或服务协议原件、复印件。 3. 在岗残疾职工2023年度工资发放清单。 4. 为残疾职工足额缴纳的社会保险缴费明细。 5. 年审需要提供的其他材料。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **声 明**  本单位按要求申报的相关材料是真实且完整的，如有失实和遗漏，愿承担相关责任。    申报单位负责人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |