附件1

西藏自治区用人单位安排残疾人就业申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 单位名称（公章） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代表人/负责人 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上年度在岗职工总人数 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位类型 | | □机关 □团体 □企业 □事业 □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、残疾人就业服务中心要求提供的其他材料。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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，愿意承担相关责任。  申报单位负责人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

附件2

在岗残疾人职工花名册

（ 年度）

用人单位名称（公章）：

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| 序号 | 姓 名 | 性别 | 年龄 | 身份证号码 | 《残疾人证》  或《残疾军人证》号码 | 残疾类别 | 残疾等级 | 在岗岗位名称 | 月均工资（元） | 联系电话 |
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填表说明：1、用人单位所有的残疾人职工均应全部填报，如人数超出此页，可将此页复印继续填报。

2、在岗岗位名称请按在职残疾人职工实际从事岗位名称填写。