**用人单位招用普通高校毕业生社会保险补贴明细表**

附件2

填报单位（盖章）： 填报时间： 年 月 日

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| **序号** | **姓名** | **性别** | **身份证号码** | **户籍所在地** | **学历** | **毕业学校** | **毕业时间** | **签订劳动合同起止时间** | **申请补贴**  **月数** | **补贴总额（元）** | **备注** |
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| 合计 | | | | | | | | | |  | |

填表人： 联系电话：