附件9

疫情期间东疆企业新招员工补贴花名册

申报企业名称：（公章）

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号 | 劳动合同起止时间 | 在本企业社保缴纳月数 | 申请补贴金额 | 备注 |
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| 合计 | | | | |  |  |