附件4

**中山市创业录用残疾人就业人员名册**

填报单位名称（盖章）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性别 | 出生年月 | 残疾类别 | 残疾  等级 | 残疾人证号或残疾军人证号 | | | 合同期限 | 缴纳社保费  时间 | 从事岗位 | 工资  (元/月) | 是否本市户籍 |
| 1 |  |  |  |  |  |  | | |  |  |  |  |  |
| 2 |  |  |  |  |  |  | | |  |  |  |  |  |
| 3 |  |  |  |  |  |  | | |  |  |  |  |  |
| 4 |  |  |  |  |  |  | | |  |  |  |  |  |
| 5 |  |  |  |  |  |  | | |  |  |  |  |  |
| 6 |  |  |  |  |  |  | | |  |  |  |  |  |
| 7 |  |  |  |  |  |  | | |  |  |  |  |  |
| 8 |  |  |  |  |  |  | | |  |  |  |  |  |
| 9 |  |  |  |  |  |  | | |  |  |  |  |  |
| 10 |  |  |  |  |  |  | | |  |  |  |  |  |
|  | | | | | | |  |

法定人： 填表人： 联系电话： 填报日期： 年 月 日

注：此表一式三份，两份市残联存档，一份镇（街道）残联存档。