附件1

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| 攀枝花市岗位补贴资金申请表 | | | | | | | | | |
| **申请单位（盖章）** | |  | | **联系人及联系电话** | |  | |
| **开户银行** | |  | | **账号** | |  | |
| **补贴申请人数** | **人** | **补贴申请总月数** | **月** | **补贴标准** | **元/月** | **申请金额** | **元** |
| **承　　诺**  我单位承诺本次岗位补贴申请资料真实，如有骗取、套取就业创业补助资金等违法行为，承担相应的法律责任。    负责人（签字）　　　　　　　　　　年　　　月　　　日 | | | | | | | |
| **审核部门填写** | | | | | | | |
| **补贴人数** | **人** | **补贴总月数** | **月** | **补贴标准** | **元/月** | **补贴金额** | **元** |
| **就业服务管理机构** | | | | **人力资源和社会保障局** | | | |
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