### 海南省职工服务（帮扶）中心困难职工建档申请表

申报时间：${createTime}

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **职工编号** | ${stationCard} | | | **困难类别** | ${srvCategoryName} | | | **建档标准** | | ${filingStandardName} | | |
| **姓名** | **民族** | **性别** | **政治面貌** | **身份证号** | | **出生日期** | | **健康状况** | **残疾类别** | | **工作状态** | **劳模类型** |
| ${name} | ${nationName} | ${sexName} | ${politicalStatusName} | ${certificateNum} | | ${birthday} | | ${healthName} | ${disabilityName} | | ${workStatusName} | ${modelWorkerName} |
| **住房类型** | **建筑面积** | **手机号码** | | **其他联系方式** | | **邮政编码** | **工作时间** | | **所属行业** | | **婚姻状况** | **户口类型** |
| ${houseTypeName} | ${houseArea} | ${mobile} | | ${otherContactTel} | | ${zipCode} | ${workTime} | | ${industryTypeName} | | ${maritalStatusName} | ${householdTypeName} |
| **现居住地** | | | **工作单位** | | **单位性质** | | **企业状况** | | | **是否单亲(指离异或者丧偶，且带有小孩)** | | |
| ${liveAddress} | | | ${workUnit} | | ${unitTypeName} | | ${enterpriseSituationName} | | | ${isSingleParentName} | | |
| **本人月均收入** | **家庭其他年收入** | | **家庭年度总收入** | **家庭人口** | **家庭人均收入** | **户口所在地行政区划(精确到街道)** | | | | **医保状况** | | |
| ${monthlyIncome} | ${familyYearIncomeOther} | | ${familyYearIncome} | ${familyPopulation} | ${familyMonthIncomeAvg} | ${householeAddress}  ${address} | | | | ${medicalInsuranceName} | | |
| **是否具有自救能力：** ${hasSaveOneselfName} | | | | **劳动合同签订日期：**  ${laborContractStart} 到 ${laborContractEnd}  (${fixedTerm} 固定期限) | | | | | | **是否为零就业家庭：** ${familyNoWorkerName} | | |
| **工会会员服务卡(大海惠工卡)卡号** | | | | ${memberCardNo} | | | | | | | | |
| **致困原因简述：**  ${reason} | | | | | | | | | | | | |
| **家庭成员(不含员工本人)** | **姓名** | **关系** | **性别** | **政治面貌** | **文化程度** | **身份证号** | **年龄** | **医保状况** | **健康状况** | **月收入** | **身份** | **单位或学校** |
| ${name0} | ${relationName0} | ${sexName0} | ${politicalStatusName0} | ${educationName0} | ${certificateNum0} | ${age0} | ${medicalInsuranceName0} | ${healthName0} | ${monthlyIncome0} | ${identityName0} | ${unit0} |
| ${name1} | ${relationName1} | ${sexName1} | ${politicalStatusName1} | ${educationName1} | ${certificateNum1} | ${age} | ${medicalInsuranceName1} | ${healthName1} | ${monthlyIncome1} | ${identityName1} | ${unit1} |
| ${name2} | ${relationName2} | ${sexName2} | ${politicalStatusName2} | ${educationName2} | ${certificateNum2} | ${age2} | ${medicalInsuranceName2} | ${healthName2} | ${monthlyIncome2} | ${identityName2} | ${unit2} |
| ${name3} | ${relationName3} | ${sexName3} | ${politicalStatusName3} | ${educationName3} | ${certificateNum3} | ${age3} | ${medicalInsuranceName3} | ${healthName3} | ${monthlyIncome3} | ${identityName3} | ${unit3} |
| ${name4} | ${relationName4} | ${sexName4} | ${politicalStatusName4} | ${educationName4} | ${certificateNum4} | ${age4} | ${medicalInsuranceName4} | ${healthName4} | ${monthlyIncome4} | ${identityName4} | ${unit4} |
| **本人承诺填写的家庭情况和提供的证明材料真实有效。** | **本单位工会审核意见:**  **经审核该家庭符合困难职工建档认定条件。** | | | **所属上级工会审核意见:**  **经审核该家庭符合困难职工建档认定条件。** | | | **驻会产业工会意见:**  **经审核该家庭符合困难职工建档认定条件。** | | | **省职工服务中心审核意见:** | | |
| **审核人签名：** | | | **审核人签名：** | | | **审核人签名：** | | | **审核人签名：** | | |
| **申请人签字(按指模):** | **工会主席(负责人)签名:** | | | **工会主席(负责人)签名:** | | | **工会主席(负责人)签名:** | | | **工会主席(负责人)签名:** | | |
| (盖工会章) | | | (盖工会章) | | | (盖工会章) | | | (盖工会章) | | |
| **年 月 日** | **年 月 日** | | | **年 月 日** | | | **年 月 日** | | | **年 月 日** | | |