附件

浙江省参保职工技能提升补贴申领表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | |  | | | | | | **所在（原）企业名称** | | | | | | | |  | | | | | | | | |
| **职业（工种）及等级** | | |  | | | | | | | | | | **证书编号** | | | |  | | | | | | | | |
| **联系地址** | | |  | | | | | | | | | | | | | | **联系电话** | | |  | | | | | |
| **身份证号** | | |  |  |  | |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |
| **银行卡或社会保障卡号** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **技能补贴申领**  **情况** | □初次申请； □多次申请， 年 月已申领过  职业（工种） 级的技能提升补贴。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺书  本人承诺以上内容及所提供的材料真实有效，如有虚假不得享受相关补贴，并承担相应法律责任。  申请人签字：  或代理人签字：  代理人身份证号： | | | | | | | | | | | | | | | | | | | | | | | | | |
| **经办**  **机构**  **审核** | | 根据浙江省参保职工技能提升补贴政策有关规定，申请人取得  职业（工种） 级资格证书，（是、否）属本地区紧缺急需职业（工种）目录，可享受技能提升补贴 元。    （盖章） | | | | | | | | | | | | | | | | | | | | | | | |

经办人（签章）： 复核人（签章）：