附件3

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 广州市花都区 年 月乡村公益性岗位人员补贴花名册 | | | | | | | | | |
| 填报单位（公章）： | | | 单位联系人： | |  | 联系电话： |  | 填报日期： | |
| 序号 | 姓名 | 证件号码 | 手机号码 | 社保卡号/其他银行账号 | 是否  就业困难人员 | 是否  省脱贫人口 | 合同开始日期 | 合同结束日期 | 补贴金额 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |