附件2

滁州市直困难职工档案表格**（\*为必填项）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 职工编号 | | |  | | | | | 档案类型 | | | |  | | | | | | | | 建档标准 | | | | | | |  | | | | |
| \*姓名 | | | \*民族 | | \*性别 | | | \*政治面貌 | | | | \*身份证号 | | | | | \*出生日期 | | | 年龄 | | | | \*健康状况 | | | 疾病/残疾类别 | | | \*工作状态 | \*工作时间 |
|  | | |  | |  | | |  | | | |  | | | | |  | | |  | | | |  | | |  | | |  |  |
| \*住房类型 | | | 建筑面积 | | | | | \*手机号码 | | | | 其他联系方式 | | | | | \*劳模类型 | | | \*婚姻状况 | | | | | | | 是否单亲 | | | \*医保状况 | |
|  | | |  | | | | |  | | | |  | | | | |  | | |  | | | | | | |  | | |  | |
| \*家庭住址 | | | | | | | 邮政编码 | | | | | \*工作单位 | | | | | | | | 单位性质 | | | | | | | | | | 企业状况 | \*所属行业 |
|  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |  |  |
| \*本人月平均收入 | | | | | | \*家庭其他非薪资年收入 | | | | | | \*家庭年度总收入 | | | | | | \*家庭人口 | | 家庭月人均收入 | | | | | | | | | \*户口所在地行政区划 | | \*户口类型 |
|  | | | | | |  | | | | | |  | | | | | |  | |  | | | | | | | | |  | |  |
| \*是否有一定自救能力 | | | | | | | |  | | | | | | | | | | 是否为零就业家庭 | | | | | | | | | | |  | | |
| \*主要致困原因 | | | | | | | |  | | | | | \*刚性支出 | | | | |  | | | 其他（文字描述） | | | | | | | |  | | |
| 次要致困原因（0-3项） | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| \*开户银行 | | |  | | | | | \*支行名称 | | |  | | | | | | | | | | | \*银行卡号 | | | |  | | | | | |
| **家**  **庭**  **成**  **员**  **信**  **息**  **表**  **格**  **1** | \*姓名 | | |  | | | | | \*关系（是职工的） | | | | | |  | | | | | | | \*民族 | | | | | |  | | | |
| \*身份证号 | | |  | | | | | 出生日期 | | | | | |  | | | | | | | 年龄 | | | | | |  | | | |
| 性别 | | |  | | | | | 政治面貌 | | | | | |  | | | | | | | \*月收入 | | | | | |  | | | |
| \*劳模类型 | | |  | | | | | \*健康状况 | | | | | |  | | | | | | | 疾病/残疾类别 | | | | | |  | | | |
| \*医保状况 | | |  | | | | | \*婚姻状况 | | | | | |  | | | | | | | \*户口类型 | | | | | |  | | | |
| 手机号码 | | |  | | | | | 其它联系方式 | | | | | |  | | | | | | | \*人员身份 | | | | | |  | | | |
| 当前学历 | | |  | | | | | 入学年份 | | | | | |  | | | | | | | 年制 | | | | | |  | | | |
| 单位或学校 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | | |  | | | | | 企业状况 | | | | | |  | | | | | | | 所属行业 | | | | | |  | | | |
| 工作状态 | | |  | | | | | 劳动合同签订/入伍时间 | | | | | |  | | | | | | | 合同期限 | | | | | |  | | | |
| **家**  **庭**  **成**  **员**  **信**  **息**  **表**  **格**  **2** | \*姓名 | | |  | | | | | \*关系（是职工的） | | | | | |  | | | | | | | \*民族 | | | | | |  | | | |
| \*身份证号 | | |  | | | | | 出生日期 | | | | | |  | | | | | | | 年龄 | | | | | |  | | | |
| 性别 | | |  | | | | | 政治面貌 | | | | | |  | | | | | | | \*月收入 | | | | | |  | | | |
| \*劳模类型 | | |  | | | | | \*健康状况 | | | | | |  | | | | | | | 疾病/残疾类别 | | | | | |  | | | |
| \*医保状况 | | |  | | | | | \*婚姻状况 | | | | | |  | | | | | | | \*户口类型 | | | | | |  | | | |
| 手机号码 | | |  | | | | | 其它联系方式 | | | | | |  | | | | | | | \*人员身份 | | | | | |  | | | |
| 当前学历 | | |  | | | | | 入学年份 | | | | | |  | | | | | | | 年制 | | | | | |  | | | |
| 单位或学校 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | | |  | | | | | 企业状况 | | | | | | |  | | | | | | | 所属行业 | | | | |  | | | |
| 工作状态 | | |  | | | | | 劳动合同签订/入伍时间 | | | | | | |  | | | | | | | 合同期限 | | | | |  | | | |
| **家**  **庭**  **成**  **员**  **信**  **息**  **表**  **格**  **3** | \*姓名 | | |  | | | | | \*关系（是职工的） | | | | | | |  | | | | | | | \*民族 | | | | |  | | | |
| \*身份证号 | | |  | | | | | 出生日期 | | | | | | |  | | | | | | | 年龄 | | | | |  | | | |
| 性别 | | |  | | | | | 政治面貌 | | | | | | |  | | | | | | | \*月收入 | | | | |  | | | |
| \*劳模类型 | | |  | | | | | \*健康状况 | | | | | | |  | | | | | | | 疾病/残疾类别 | | | | |  | | | |
| \*医保状况 | | |  | | | | | \*婚姻状况 | | | | | | |  | | | | | | | \*户口类型 | | | | |  | | | |
| 手机号码 | | |  | | | | | 其它联系方式 | | | | | | |  | | | | | | | \*人员身份 | | | | |  | | | |
| 当前学历 | | |  | | | | | 入学年份 | | | | | | |  | | | | | | | 年制 | | | | |  | | | |
| 单位或学校 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | | |  | | | | | 企业状况 | | | | | | |  | | | 所属行业 | | | | | | | | |  | | | |
| 工作状态 | | |  | | | | | 劳动合同签订/入伍时间 | | | | | | |  | | | 合同期限 | | | | | | | | |  | | | |
| **基层工会意见** | | 意见（盖章）：  年 月 日 | | | | | | | | **主管局（产业）工会意见** | | | | 意见（盖章）：  年 月 日 | | | | | | | | | | | **帮扶中心意见** | | | 意见（盖章）：  年 月 日 | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：“基层工会意见”、“主管局（产业）工会意见”处**需签署意见并盖章**。