吉林省用人单位申请生育假期成本补贴汇总复核情况表（样式）

填报单位名称（盖章）： 填报联系人： 手机号码：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 审批县（市、区） | 申报用人单位数量 | 申报补贴人数 | 补贴金额（万元） | 复核方式（现场复核、电话复核、保险复核） | 复核结果 | 备注 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

说明：此表一式二份，市级卫生健康部门留存一份，报省卫生健康部门一份。