**东莞市二0 年度用人单位安排残疾人就业申报表（2）**

单位名称（单位公章）： 统一社会信用代码：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓　名 | 残疾类别 | 残疾等级 | 《残疾人证》号码或《残疾军人证》号码+身份证号码 | 本单位为其参保月份起止时间××月—××月 | 在岗岗位名称 | 合同工资（元） | 合同起始时间××年××月—××年××月 | 一式两份，残联审核部门及填报单位各存一份 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

(注：此表可复印，此表可与表（1）一同使用，此表不可单独使用。)