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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | |  | | **2024年8月申请公益性岗位人员补贴花名册** | | | | | | | | | | | |
| **序号** | **姓名** | | **性别** | **年龄** | | **身份证号** | | **就失业登记证号** | **招用时间** | **劳动合同 开始时间** | **劳动合同 结束时间** | **社保补贴 （元）** | **社保补贴 起始时间** | **社保补贴 终止时间** | **岗位补贴 （元）** | **岗位补贴 起始时** | **岗位补贴 终时间** |
| 1 | 陈莹 | | 女 | 42 | | 1302021982\*\*\*\*8020 | | 1302430019000065 | 2024-05-01 | 2024-05-01 | 2027-04-30 | 1266.59 | 2024-08-01 | 2024-08-31 | 2200 | 2024-08-01 | 2024-08-31 |