|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 用人單位： | | | | | | | | | | 單位編號： | | | |
| 職災費率： % | | | 津貼計算期間：\_\_\_\_年 月 日 至 年 月 日 | | | | | | | | | | |
| 請領津貼人數： 人 | | | | **核撥金額：新台幣 拾 萬 仟 佰 拾 元正** | | | | | | | | | |
|  | | | | **(核撥金額欄位資料用人單位不必填寫)** | | | | | | | | | |
| 請領總額：新台幣 拾 萬 仟 佰 拾 元正 | | | | | | | | | | | | | |
| （應領薪資加上機關支付之總和) | | | | | |  | | | 造冊日期： 年 月 日 | | | | |
| 職 稱 | |  | | |  | |  |  | | |  |  |  |
| 薪 資 級 距 | |  | | |  | |  |  | | |  |  |  |
| 姓 名 | |  | | |  | |  |  | | |  |  |  |
| 身分證統一編號 | |  | | |  | |  |  | | |  |  |  |
| 工 作 天 數 | |  | | |  | |  |  | | |  |  |  |
| 應 領 薪 資(甲) | |  | | |  | |  |  | | |  |  |  |
| 自付額 | 勞 保 |  | | |  | |  |  | | |  |  |  |
| 健 保 |  | | |  | |  |  | | |  |  |  |
| 實 領 薪 資 | |  | | |  | |  |  | | |  |  |  |
| 機關支付(乙) | 勞 保  (含職災保險) |  | | |  | |  |  | | |  |  |  |
| 健 保 |  | | |  | |  |  | | |  |  |  |
| 請領總額(甲＋乙) | |  | | |  | |  |  | | |  |  |  |
| **蓋 章** | |  | | |  | |  |  | | |  |  |  |
| 上 工 起 始 日 (年.月.日) | |  | | |  | |  |  | | |  |  |  |
| 備 註 | |  | | |  | |  |  | | |  |  |  |
| 合 計 | |  | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **經辦人** | **業務主管** | **會計主管** | **負責人** | |  |  |  |  | | | | | | | | | | | | | | |

○○○**年**○**月培力就業計畫用人費用印領清冊**