机关流动到企业的人员补贴发放核定表

单位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | | |  | | | | | | | 性别 | | |  | | 身份证号码 | | | | | | |  | | | | | | |
| 出生年月 | | | |  | | | | | | | 参加工作时间 | | | | |  | | | | | | | 调动时间 | | | | |  | |
| 已建立个人帐户的实际缴费年限 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 可计发补贴的工作年限 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 本人离开机关上年度月平均基本工资 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 小计 | 基础工资 | | | | | | 职务工资 | | | 级别工资 | | | | | 工龄工资 | | | | 职岗津贴 | | | | | 基础津贴 | | | 综合补贴 | | |
|  |  | | | | | |  | | |  | | | | |  | | | |  | | | | |  | | |  | | |
| 应支付补贴金额（月基本工资×工作年限×0.3%×120） | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 调入单位名称 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 调入地养老保险经办机构 | | 户 名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 帐 号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 开户行 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 填报单位  签章 | | | | | | | | | | 人事部门  签章 | | | | | | | | | | | 财政部门  签章 | | | | | | | | |
|  | |  |  | |  |  | |  |  | |  |  |  |  | |  |  |  | |  | |  |  | |  |  | |  |  |

填表人： 填表日期：