附件2

困难教职工档案表（\*为必填项 样表）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*职工编号 | |  | | | | | | | | | | | | | | | | \*困难类别 | | | |  | | | | | | | | |
| \*姓名 | | \*民族 | \*性别 | | \*政治面貌 | | | | \*身份证号 | | | | \*出生日期 | | | | | \*健康状况 | | | | 残疾类别 | | | | \*工作状态 | | | | \*劳模类型 |
|  | |  |  | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  |
| \*住房类型 | | 建筑面积 | | | 手机号码 | | | | 其他联系方式 | | | | 邮政编码 | | | | | \*工作时间 | | | | \*所属行业 | | | | \*婚姻状况 | | | | \*户口类型 |
|  | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  |
| \*家庭住址 | | | | | | | | | 工作单位 | | | | | | | | | 单位性质 | | | | | | | | 企业状况 | | | | 是否单亲 |
|  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | |  |
| \*本人月平均收入 | | | \*家庭其他非薪资年收入 | | | | | | \*家庭年度总收入 | | | | | \*家庭人口 | | | | 家庭月人均收入 | | | | | | | \*户口所在地行政区划 | | | | | \*医保状况 |
|  | | |  | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  |
| 是否有一定自救能力 | | | | |  | | | | | | | | | 是否为零就业家庭 | | | | | | | | | | |  | | | | | |
| 家庭  主要  成员 | **\***姓名 | | **\***关系 | | **\***性别 | **\***政治面貌 | | | **\***身份证号 | | | | | **\***出生日期 | | | **\***健康状况 | | | | **\***月收入 | | | | **\***身份 | | | **\***医保状况 | **\***单位或学校 | |
|  | |  | |  |  | | |  | | | | |  | | |  | | | |  | | | |  | | |  |  | |
|  | |  | |  |  | | |  | | | | |  | | |  | | | |  | | | |  | | |  |  | |
| 致困原因(选项) | 1.家庭成员无劳动能力； 2.有劳动能力而未就业； 3.下岗失业； 4.未参加社会保险； 5.社会保险待遇落实不到位；  6.家庭成员患重特大疾病； 7.遭受自然灾害； 8.遭受意外事故； 9.子女上学； 10.其他。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开户银行 |  | | | | 支行名称 | |  | | | | | | | | | 银行卡号 | | | |  | | | | | | | | | | |
| 附    件 | | | | | 附件类型 | | | | | | 附件名称 | | | | | 备 注 | | | | | | | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| 备 注 | |  | | | | | | | | | | | | | | | | | | | | | 职工签字 | | | |  | | | |
| \*建档人 | |  | | \*审核人 |  | | | 单位 | |  | | | | | 帮扶责任人 | | | |  | | | | | 录入人 | | |  | | | |

注：填表要求与工会帮扶工作管理系统填表要求一致。