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| 様式第21号　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（茨城県民間社会福祉施設職員等退職手当支給制度）   |  | | --- | | 社協受付日付印 |   **加　入　職　員　休　職　届**  　　年　　　月　　　日  社会福祉法人　茨城県社会福祉協議会長　様   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 契約者番号・施設番号 | |  | |  | |  | |  | | **─** |  |  |  | | 契約者 | 法人名及び  代表者 | 印 | | | | | | | | | | | | | | 施設名 | |  | | | | | | | | | | | | | | 職員番号 | |  |  | |  | |  | |  | |  | | | | | 氏　名 | |  | | | | | | | | | | | | |   次のとおり休職するので、茨城県民間社会福祉施設職員等退職手当支給制度規程に基づき、届け出ます。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 種　別 | 本　俸　月　額 | 異　動　内　容 | | | | | | | | | | | | | | | 休　職 |  | 休職開始  年月日 | 令　和 |  | 年 |  | 月 |  | 日 | 掛金中断  年月 | 令　和 |  | 年 |  | 月 | |  | 備　考 | | | | | | | | | | | | | | |   注）１．掛金を中断する場合のみ提出してください。  　　２．掛金の中断があった場合は、加入職員期間には含まれません。 |

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