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| 様式第12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 加 入 届**  年　　　月　　　日  社会福祉法人　茨城県社会福祉協議会長　様  次のとおり新たに職員となった者があるので、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。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 契約者 | 契約者番号 | | | | 施設  番号 | | 法人名及び  代表者 | | | | 印 | | | | | | 社会福祉  施設名 | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  | | № | 氏名 | | | | | | 生　年　月　日 | | | | | | | | 性別 | 職種 | 加　入 年 月 日 | | | | | | | 加入時本俸月額 | | | | | | | 合算申出者の有無  及び前契約者名 | | 共済法  加入の  有無 | |  | (ﾌﾘｶﾞﾅ) | | | | | | 1＝昭  2＝平 |  | 年 |  | | 月 |  | 日 | 1＝男  2＝女 |  | 令和 |  | 年 |  | 月 |  | 日 |  |  |  |  |  |  | 円 | 有 ・ 無 | 法人名  施設名 | 有 ・ 無 | | ㊞ | | | | | | |  | (ﾌﾘｶﾞﾅ) | | | | | | 1＝昭  2＝平 |  | 年 |  | | 月 |  | 日 | 1＝男  2＝女 |  | 令和 |  | 年 |  | 月 |  | 日 |  |  |  |  |  |  | 円 | 有 ・ 無 | 法人名  施設名 | 有 ・ 無 | | い㊞ | | | | | |   注）１．「職種」欄は、次の区分により記入して下さい。  　　　　施設長、指導員、保育士、介護職員、医師、看護師、訓練指導員、栄養士、調理員、事務員、介助員、ホームヘルパー、介護支援専門員、その他  　　２．「生年月日」、「性別」欄は数字を○で囲んで下さい。年月日の余白は数字の「0」を記入して下さい。  　　３．「合算申出者の有無」欄は、加入職員期間1年以上ある者が退職手当金を請求しないまま退職し、退職した日から3年以内に再び加入職員になる場合は有を○で囲み、前契約者名等を記入して下さい。なお、この場合は加入職員期間を合算することができます。 |

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