附件6

宝鸡市社会保险补贴申请人员享受失业待遇情况表

填表单位（盖章）：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号 | 失业保险金领取情况 | | 失业补助金领取情况 | | 备注 |
| 开始时间 | 结束时间 | 开始时间 | 结束时间 |
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