單位名稱：

 年度 社區整體照顧服務體系-C級巷弄長照站 薪資印領清冊

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| **月份** | **職稱** | **姓名** | **身分證號** | **戶籍地址** | **應領金額** | **雇主負擔** | **簽章** |
| **勞保** | **健保** | **勞退6%** |
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| 合計 |  |  |  |

 製表 會計 單位負責人

 (簽章) (簽章) (簽章)

**※核銷時，請附上該人員投勞保、健保等相關證明※**