**單位名稱：**

**計畫名稱：○○○年度建立社區照顧關懷據點並設置巷弄長照站**

**專職人員服務費印領清冊**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **月份** | **員工姓名** | **身分證**  **統一編號** | **戶籍地址** | **薪資** | **病事假扣薪** | **應領**  **金額**(A) | **補助**  **金額** | **代扣勞工自付勞健保、所得稅等**  (B) | **實領**  **淨額**(C)=(A)-(B) | **簽名或蓋章** | **雇主負擔** | | | |
| **勞保** | **健保** | **勞退6%** | **合計** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **年終獎金** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **合 計** | | | |  |  |  |  |  |  |  |  |  |  |  |

**年終獎金計算方式：**

**備註：一、如以劃撥入帳撥付者，得檢附轉帳金融機構等之簽收或證明文件。**

**二、有關雇主負擔勞、健保及勞退部分，僅補助該專職人力薪資應投保之級距，倘投保之級距較低者，則依該級距之金額補助，若投保高於應投保級距之差額則請自籌。**

■**年底統一開立扣繳憑單**

**製表人： 單位負責人：**