**附件1 职工档案表格（\*为必填项）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*职工编号 | |  | | | | | | | \*困难类别/送温暖类别 | | | | | |  | | | \*档案类型 |  | | | | | | \*建档标准 | | 非建档填“无” | |
| \*姓名 | | \*民族 | | | \*性别 | | | | \*政治面貌 | | | | \*身份证号 | | | | | \*出生日期 | 年龄 | | | | \*健康状况 | | 疾病/残疾类别 | | \*工作状态 | \*工作时间 |
|  | |  | | |  | | | |  | | | |  | | | | |  |  | | | |  | |  | |  |  |
| \*住房类型 | | \*建筑面积 | | | | | | | \*手机号码 | | | | 其他联系方式 | | | | | \*劳模类型 | \*婚姻状况 | | | | | | \*是否单亲 | | \*医保状况 | |
|  | |  | | | | | | |  | | | |  | | | | |  |  | | | | | |  | |  | |
| \*家庭住址 | | | | | | | | \*邮政编码 | | | | | \*工作单位 | | | | | | \*单位性质 | | | | | | | | \*企业状况 | \*所属行业 |
|  | | | | | | | |  | | | | |  | | | | | |  | | | | | | | |  |  |
| \*本人月平均收入 | | | | | | | \*家庭其他非薪资年收入 | | | | | | \*家庭年度总收入 | | | | | \*家庭人口 | 家庭月人均收入 | | | | | | | \*户口所在地行政区划 | | \*户口类型 |
|  | | | | | | |  | | | | | |  | | | | |  |  | | | | | | |  | |  |
| 是否有一定自救能力 | | | | | | | | |  | | | | | | | | | 是否为零就业家庭 | | | | | | | |  | | |
| 年度必要支出 | | | | | | | | |  | | | | | | | | | 其他(文字描述) | |  | | | | | | | | |
| \*送温暖原因 | | | | | | | | | □本人大病 □供养直系亲属大病 □本人残疾 □家属残疾 □本人下岗失业 □家属下岗失业 □收入低 □自然灾害 □重大事故 □子女上学 | | | | | | | | | | | | | | | | | | | |
| **□其他（送温暖栏，填写送温暖简要情况）** | | | | | | | | | | | | | | | | | | | |
| 次要原因（0-3项） | | | | | | | | | □本人大病 □供养直系亲属大病 □本人残疾 □家属残疾 □本人下岗失业 □家属下岗失业 □收入低 □自然灾害 □重大事故 □子女上学 | | | | | | | | | | | | | | | | | | | |
| 开户银行 | |  | | | | | | | 支行名称 | | |  | | | | | | | | | 银行卡号 | | |  | | | | |
| 附 件 | | | | | | | | | 附件名称 | | | | | | | 附件类型 | | | | | 备注 | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 备注 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| \*负责人/建档人 | | | |  | | | | | | | \*审核人/ 工会主席 | | |  | | | | | | | 录入人 | | |  | | | | |
| **家**  **庭**  **成**  **员**  **信**  **息**  **表**  **格**  **1** | \*姓名 | |  | | | | | | | \*关系（是户主的） | | | | | | |  | | | | | \*民族 | | |  | | | |
| \*身份证号 | |  | | | | | | | 出生日期 | | | | | | |  | | | | | 年龄 | | |  | | | |
| 性别 | |  | | | | | | | \*政治面貌 | | | | | | |  | | | | | \*月收入 | | |  | | | |
| \*劳模类型 | |  | | | | | | | \*健康状况 | | | | | | |  | | | | | 疾病/残疾类别 | | |  | | | |
| \*医保状况 | |  | | | | | | | \*婚姻状况 | | | | | | |  | | | | | \*户口类型 | | |  | | | |
| \*手机号码 | |  | | | | | | | 其它联系方式 | | | | | | |  | | | | | \*人员身份 | | |  | | | |
| \*当前学历 | |  | | | | | | | \*入学年份 | | | | | | |  | | | | | \*年制 | | |  | | | |
| 单位或学校 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | |  | | | | | | | 企业状况 | | | | | | |  | | | | | 所属行业 | | |  | | | |
| 工作状态 | |  | | | | | | | 劳动合同签订/入伍时间 | | | | | | |  | | | | | 合同期限 | | |  | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家**  **庭**  **成**  **员**  **信**  **息**  **表**  **格**  **2** | \*姓名 | |  | | | | | | | \*关系（是户主的） | | | | | | |  | | | | | \*民族 | | |  | | | |
| \*身份证号 | |  | | | | | | | 出生日期 | | | | | | |  | | | | | 年龄 | | |  | | | |
| 性别 | |  | | | | | | | 政治面貌 | | | | | | |  | | | | | \*月收入 | | |  | | | |
| \*劳模类型 | |  | | | | | | | \*健康状况 | | | | | | |  | | | | | 疾病/残疾类别 | | |  | | | |
| \*医保状况 | |  | | | | | | | \*婚姻状况 | | | | | | |  | | | | | \*户口类型 | | |  | | | |
| \*手机号码 | |  | | | | | | | 其它联系方式 | | | | | | |  | | | | | \*人员身份 | | |  | | | |
| \*当前学历 | |  | | | | | | | \*入学年份 | | | | | | |  | | | | | \*年制 | | |  | | | |
| \*单位或学校 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | |  | | | | | | | 企业状况 | | | | | | |  | | | | | 所属行业 | | |  | | | |
| 工作状态 | |  | | | | | | | 劳动合同签订/入伍时间 | | | | | | |  | | | | | 合同期限 | | |  | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家**  **庭**  **成**  **员**  **信**  **息**  **表**  **格**  **3** | \*姓名 | |  | | | | | | | \*关系（是户主的） | | | | | | |  | | | | | \*民族 | | |  | | | |
| \*身份证号 | |  | | | | | | | 出生日期 | | | | | | |  | | | | | 年龄 | | |  | | | |
| 性别 | |  | | | | | | | 政治面貌 | | | | | | |  | | | | | \*月收入 | | |  | | | |
| \*劳模类型 | |  | | | | | | | \*健康状况 | | | | | | |  | | | | | 疾病/残疾类别 | | |  | | | |
| \*医保状况 | |  | | | | | | | \*婚姻状况 | | | | | | |  | | | | | \*户口类型 | | |  | | | |
| 手机号码 | |  | | | | | | | 其它联系方式 | | | | | | |  | | | | | \*人员身份 | | |  | | | |
| \*当前学历 | |  | | | | | | | \*入学年份 | | | | | | |  | | | | | \*年制 | | |  | | | |
| 单位或学校 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | |  | | | | | | | 企业状况 | | | | | | |  | | | | | 所属行业 | | |  | | | |
| 工作状态 | |  | | | | | | | 劳动合同签订/入伍时间 | | | | | | |  | | | | | 合同期限 | | |  | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家**  **庭**  **成**  **员**  **信**  **息**  **表**  **格**  **2** | \*姓名 | |  | | | | | | | \*关系（是户主的） | | | | | | |  | | | | | \*民族 | | |  | | | |
| \*身份证号 | |  | | | | | | | 出生日期 | | | | | | |  | | | | | 年龄 | | |  | | | |
| 性别 | |  | | | | | | | 政治面貌 | | | | | | |  | | | | | \*月收入 | | |  | | | |
| \*劳模类型 | |  | | | | | | | \*健康状况 | | | | | | |  | | | | | 疾病/残疾类别 | | |  | | | |
| \*医保状况 | |  | | | | | | | \*婚姻状况 | | | | | | |  | | | | | \*户口类型 | | |  | | | |
| \*手机号码 | |  | | | | | | | 其它联系方式 | | | | | | |  | | | | | \*人员身份 | | |  | | | |
| \*当前学历 | |  | | | | | | | \*入学年份 | | | | | | |  | | | | | \*年制 | | |  | | | |
| \*单位或学校 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | |  | | | | | | | 企业状况 | | | | | | |  | | | | | 所属行业 | | |  | | | |
| 工作状态 | |  | | | | | | | 劳动合同签订/入伍时间 | | | | | | |  | | | | | 合同期限 | | |  | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

注：可自行增加表格行数；负责人/建档人、帮扶责任人/工会主席必须在表格上签字确认。