附件2

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| 社会保险缴费工资基数职工签字打印表 | | | | | | | |
|  |  |  |  |  |  |  |  |
| **单位名称（公章）：** | | | | | | | |
| **单位编号： 单位：人、元** | | | | | | | |
| 序号 | 个人编号 | 姓名 | 社会保障号 | 养老保险  申报工资 | 医疗保险  申报工资 | 公务员  医疗补助  申报工资 | 职工签字 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| **经办人签字： 单位人力资源部（人事科）负责人： 法人代表签字：** | | | | | | | |
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