労 働 者 名 簿

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| ふりがな | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 従事する業務種類 | | | | | | | | | |
| 氏　　名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 生年月日 | | 平成  西暦 |  | | | 年  年 | | |  | | | 月 | | |  | | | 日生 | | | 性別 | | |  | | | | | 本籍 | | |  | | | 血液型 | |  | |
| 住　　所 | | 〒 | | | | | | | | | | | | | | | | | | | | | | 電話 | | | | | 自宅：  携帯： | | | | | | | | | |
| 家族構成 | | 氏名 | | | | | | | | | | | 生年月日 | | | | | | | | | | | 続柄 | | | | | 職業(学校） | | | | | 扶養義務 | | 備考 | | |
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| 緊急連絡先 | 住所 | 〒 | | | | | | | | | | | | | | | | | | | | | | 電話 | | | | | 自宅：  携帯： | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | | | | | | | 続柄 | | | | |  | | | | | | | | | |
| 雇　入  年月日 | | 令和 | | | | | |  | | | | | | | 年 | |  | | | | | | 月 | |  | | | | | | | | 日 | | | | | |
| 雇入の  経　過 | |  | | | | | | | | 年度定期雇入 | | | | | | | | |  | | | | | | | | | | | 年度（増員・補充）雇入 | | | | | | | | |
| 紹介先 | | |  | | | | | | | | | 学　校  安定所 | | | | | | 縁　故  その他（ | | | | | | |  | | | | | | | | | | | ） |
|  | | | | | | | | | | |
| 解雇退職  又は  死　　亡 | | 令和 | | | | |  | | | | | | 年 | | |  | | | | 月 | |  | | | | | | 日 | | | 解雇・退職・死亡 | | | | | | | |
| 事由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 履　　歴 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 健康保険証記号番号 | | | | | | | | | | | 厚生年金保険記号番号 | | | | | | | | | | | | | | | 雇用保険被保険者証番号 | | | | | | | | | | | | |
| （資格取得）　年　　月　　日 | | | | | | | | | | | （資格取得）　年　　月　　日 | | | | | | | | | | | | | | | （資格取得）　年　　月　　日 | | | | | | | | | | | | |

異動履歴

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| 年月日 | 所属・役職 | 給与 | 理由 |
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