**労 働 者 名 簿**

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| ﾌﾘｶﾞﾅ |  | | | | | | | | | | | | | | | | | | 仕事の種類 |
| 氏名 |  | | | | | | | | | | | | | | | | | |  |
| 生年月日 | 大正 明治 昭和 平成 |  | | 年 | |  | | 月 | | |  | | 日 | | 性別 | 男 ・ 女 | | |
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| 現住所 | 〒○○○-○○○○ | | | | | | | | | | | | | | | | | | |
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| 雇入年月日 | 大正 明治 昭和 平成 |  | 年 | |  | | 月 | |  | | | 日 | | 退職・解雇・死亡の別 及びその年月日 | | | |  | |
|
| 紹介先 |  | | | | | | | | | | | | | | | | | | |
|
| 解雇･退職又は死亡及びその事由 |  | | | | | | | | | | | | | | | | | | |
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| 退職・解雇・死亡の理由、原因 |  | | | | | | | | | | | | | | | | | | |
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| 履歴・職歴 |  | | | | | | | | | | | | | | | | | | |
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| 健康保険記号番号 | 厚生年金保険記号番号 | | | | | | | | | 厚生年金基金番号 | | | | | | | 雇用保険被保険者番号 | | |
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