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| 附件2  **就业困难人员认定表** | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | | | | | | | | | | | | | | | |
| 公民身份号码  （社会保障号） |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 户籍地 | 省 市 县（区） 街道（乡镇） | | | | | | | | | | | | | | | | | | | |
| 居住地址 | 省 市 县（区） 街道（乡镇） | | | | | | | | | | | | | | | | | | | |
| 户籍性质 |  | | | | | | 移动电话 | | | | | |  | | | | | | | |
| 认定困难类别 | □享受最低生活保障 □女40周岁以上、男50周岁以上  □残疾 □连续失业一年以上  □城市规划区范围内的被征地农民 □优抚对象家庭  □城镇零就业家庭和农村零转移家庭 □特困职工家庭  □军队退役 □建档立卡低收入农户  □设区市人民政府确定的其他就业困难人员 | | | | | | | | | | | | | | | | | | | |
| 认定时间 |  | | | | | | | | | | | | | | | | | | | |
| 初审意见 | 经办机构（盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | |
| 复审意见 | 经办机构（盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | |