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| 求職活動等支援給付金支給申請書  **様式第３号**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 求職活動等支援給付金の支給を受けたいので、次のとおり申請します。  　　 　　　　　平成　　年　　月　　日  　　　　 労働局長　殿　　　事業主　 住所〒  （ 　　　公共職業安定所長経由） 　又は 名称  　　　 　　　　 代理人 氏名　 　　　 印  申請者が代理人の場合、上欄に代理人の記名押印等を、下欄に労働移動支援助成金の支給に係る事業主の住所、名称及び氏名の記入（押印不要）を、申請者が社会保険労務士法施行規則第１６条第２項に規定する提出代行者又は同令第１６条の３に規定する事務代理者の場合、上欄に事業主の記名押印等を、下欄に申請者の押印等をしてください。  　　　事業主　又は　　　　　　 住所〒  　　（提出代行者・事務代理者） 名称  社会保険労務士　　　　 氏名　　　　　　　　　 （印） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ①申 請 する事 業 所 | (ﾌﾘｶﾞﾅ)  (1)事業所名 |  | | | | (2)労働保険番号 | | | | | 府県 | | | 所掌 | 管轄 | | | 基幹番号 | | | | | | | 枝番号 | | | |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  | | (3)雇用保険適用事業所番号 | | | | |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  | |  |  | |  | 〒 | | | | | | | | | | | | | | | | | | | | |  | | | | | | (4)住　所 | 電話番号（　　）　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | ②再就職援助計画・求職活動支援基本計画書 | | | | 認定番号　 第　　　　　　　　　号  認定年月日　　　 平成　　年　　月　　日  （求職活動支援基本計画書については写しを添付すること。） | | | | | | | | | | | | | | | | | | | | | | | | | ③求職休暇付与対象者数 | | | | | 人 | | ④求職休暇付与延日数 | | | | | | | | | | | | 日 | | | | | | | | | | ⑤支給申請額 | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | ⑥希望する  支払金融  機関 | | 金融機関名 銀行・金庫 | | | | | | | | 口座の種類 | | | | | | 普通・当座・その他 | | | | | | | | | | | | | 支店名  　　　支店 | | | | | | | | 口座番号 | | | | | |  | | | | | | | | | | | | | （ﾌﾘｶﾞﾅ）  口座名義 | | | | | | | | | | | | | | | | | | | | | | | | | | | 申請書作成担当者職氏名 | | | | |  | | | | 所属部署 | | | | | |  | | | | | | | | | | | | | | 電　　　話 | | | | | |  | | | | | | | | | | | | | | ※支給決定年月日 | | | 平成　　年　　月　　日 | | | | | ※支給決定番号 | | | | | | | 第 号 | | | | | | | | | | | | | | ※支給決定額  円 | | | | | | | | ※備　考 | | | | | | |  | | | | | | | | | | | | | | ※労働局決裁欄 | | | (1)労働保険料の滞納状況 | | | | | | | | | | (2)過去の不正受給 | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | （局長）（部長・　　）　（課長・　　）　（係長・　　）　（　　）　（　　） | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |   　　　　　※欄には記入しないでください。 |

様式第３号（裏面）

（提 出 上 の 注 意）

１　求職活動等支援給付金は、再就職援助計画を作成し、公共職業安定所長の認定を受けた事業主（以下「認定事業主」といいます。）又は求職活動支援基本計画書を作成し、都道府県労働局長に提出した事業主（以下「提出事業主」といいます。）が、当該再就職援助計画又は求職活動支援基本計画書の対象となる被保険者（短期雇用特例被保険者及び日雇労働被保険者並びに認定事業主又は提出事業主に被保険者として継続して雇用された期間が１年未満である者及び認定事業主又は提出事業主の事業所への復帰の見込みがある者を除きます。以下「対象被保険者」といいます。）に対し、求職活動等のための休暇（以下「求職休暇」といいます。）を与えた場合に支給されます。

２　この申請書は、様式第３号の２と併せて当該対象被保険者のうち、最後のものが離職した日の翌日から起算して２か月以内又は個々の対象被保険者が離職した日の翌日から２か月以内に、事業所の所在地を管轄する都道府県労働局長に提出しなければなりません。なお、当該提出については、当該都道府県労働局長の指揮監督する公共職業安定所長を経由して行うことができます。

３　提出に当たっては、次の書類を添付してください。

(1) 認定事業主にあっては再就職援助計画認定通知書（写）及び当該計画に係る計画対象労働者に関する一覧（写）、提出事業主にあっては求職活動支援基本計画書（写）及び支援書等交付報告書（写）又は対象被保険者に交付した求職活動支援書等（写）

(2) 出勤簿等の写し（出勤状況及び求職休暇の付与の状況を明らかにするもの）

(3) 賃金台帳等の写し（求職休暇の期間に支払った賃金の額を明らかにするもの）

(4) 前年度の労働保険概算・増加概算・確定保険料申告書（写）、労働保険料の納付書・領収書（写）（前々年度より前の年度に係る労働保険料を滞納している場合には本給付金は支給されません。）

(5) 代理人が申請する場合にあっては委任状（写）

(6) その他都道府県労働局長が必要と認めるもの

４　支給後であっても、偽りその他不正の行為が判明した場合には、支給した助成金の返還を求めます。また、刑事告発することもあります。

（記 入 上 の 注 意）

１　②欄には、再就職援助計画の認定番号と認定年月日を記入してください。なお、求職活動支援基本計画書については、記入の必要はありません。

２ ③欄には、求職休暇を付与した対象被保険者の人数を記入してください。

３　④欄には、③欄の対象被保険者に対して付与した求職休暇の日数の計を記入してください。

４　⑤欄には、支給を申請する額を記入してください。大企業事業主の方は（④欄の日数）×（4,000円）または（④欄の日数）×（労働日に通常支払われる賃金の額）、どちらか小さい方を記入してください。

中小企業事業主の方は（④欄の日数）×（7,000円）または（④欄の日数）×（労働日に通常支払われる賃金の額）、どちらか小さい方を記入してください。