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| ⑨　対　象　労　働　者 | 番号 | 氏　　　名 | 雇用保険被保険者番号 | | | | | | | | | | | | | 雇　入　日 | ３親等以内親族 | 共通化した諸手当の適用状況 | | | | | | | | | | |
| １　賞与 | ２　役職手当 | ３　特殊作業手当・  特殊勤務手当 | ４　精皆勤手当 | ５　食事手当 | ６　単身赴任手当 | ７　地域手当 | ８　家族手当 | ９　住宅手当 | 10　時間外労働手当 | 11　深夜・休日労働手当 |
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