附件

2021年度

劳动保障监察书面材料审查情况申报表

单位名称

（盖章）

法定代表人

单位地址

统一社会信用代码

填报日期

**新乡经开区组织和人力资源社会保障局**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 一、用人单位基本情况 | | | | | | | | | | | | | | | | | | | | | | | |
| 用人单位名称 | | | |  | | | | | | | | | | | | | | | | | | | |
| 办公地址 | | | |  | | | | | | | | | | | | 邮政编码 | | | | | | |  |
| 注册登记机关 | | | |  | | | | | | | | | | | | 注册号码 | | | | | | |  |
| 单位性质 | | | | □机关 □事业 □社团 □就业机构 □企业 | | | | | | | | | | | | | | | | | | | |
| 法人代表（负责人） | | | |  | | | | | 身份证号码 | | | | |  | | 联系电话 | | | | | |  | |
| 劳资（人事、人力资源） 负责人 | | | |  | | | | | | | | | | | | 联系电话 | | | | | |  | |
| 主管部门 | | | |  | | | | | | | | | | | | 劳资负责人 | | | | | |  | |
| 联系电话 | | | | | |  | |
| 年审承办人 | | | |  | | | 电话 | | | | | |  | | | | | 手机 | | |  | | |
| 传真 | | | | | |  | | | | | E-mail | | |  | | |
| 二、劳动用工基本情况 | | | | | | | | | | | | | | | | | | | | | | | |
| 在岗职工人数 | | | | |  | | | | | | 签订劳动合同人数 | | | | |  | | | | | | | |
| 劳务派遣人数 | | | | |  | | | | | | 劳务派遣  单位名称 | | | | |  | | | | | | | |
| 未成年工人数 | | | | |  | | | | | | | | | | | 是否招用童工 | | | | | | |  |
| 是否签订集体合同 | | | | |  | | | | | | | | | | | 是否收取钱物、扣押证件 | | | | | | |  |
| 三、劳动用工管理规章制度情况 | | | | | | | | | | | | | | | | | | | | | | | |
| 单位是否制定劳动用工管理规章制度 | | | | |  | | | | | 规章制度是否经职代会或全体职工讨论确定 | | | | | | | | | |  | | | |
| 规章制度是否进行  公示或告知劳动者 | | | | |  | | | | | 规章制度是否存在违法条款 | | | | | | | | | |  | | | |
| 四、劳动工资 | | | | | | | | | | | | | | | | | | | | | | | |
| 月工资支付日期 | | | | |  | | | | | | | 工资发  放形式 | | | | | □现金 □银行代发 | | | | | | |
| 在岗职工月平均工资（元） | | | | |  | | | | | | | 是否无故拖欠、克扣工资 | | | | |  | | | | | | |
| 是否按规定  支付加班工资 | | | | |  | | | | | | | 是否达到最低  工资标准 | | | | |  | | | | | | |
| 五、女职工保护 | | | | | | | | | | | | | | | | | | | | | | | |
| 女职工、未成年工是否从事国家规定禁忌从事的劳动 | | | | | |  | | | | | | 女职工是否  享受6个月产假 | | | | | | |  | | | | |
| 六、其他 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社保登记  证 号 | |  | | | | | | | 是否落实休息休假制度 | | | | | | |  | | | | | | | | | |
| 标准工时制每周工作时间 | |  | | | | | | | 实行综合计算工时、不定时工时制度批文 | | | | | | |  | | | | | | | | | |
| 上一年度  书面材料  审查等级 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 自评  结果 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 上年 度被投诉举报、专项检查、巡视检查次数和整改情况 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 八、用人单位其他需要说明的情况 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 九、用人单位对提供书面材料真实性的承诺 | | | | | | | | | | | | | | | | | | | | | | | | |
| 以上申报材料均如实填写，如有虚假，本单位愿承担相应法律责任。    （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 劳动  保障  监察  书面  材料  审查  结果 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |