社員番号：

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| **労働者名簿**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ  氏　名 |  | | | 生年月日 | 昭和・平成  　　年　　月　　日 | | 性別 | 男・女 | | フリガナ  現住所 | (〒　　　－　　　　　)　　　　　　　電話（　　　　　－　　　　－　　　　　） | | | | | | | | | フリガナ  連絡先 | (〒　　　－　　　　　)　　　　　　　電話（　　　　　－　　　　－　　　　　） | | | | | | | | | 雇用年月日 | | S・H・R　　　　　年　　　　　月　　　　　日 | | | | | | | | 退職年月日 | | S・H・R　　　　　年　　　　　月　　　　　日 | | | | | | | | 退職事由 | | 自己都合・定年・解雇・死亡・その他（　　　　　　　　　　　　　） | | | | | | | | 従事する業務の種類 | | | | | | | | | |  | | | | | | | | | | 履　　　　　歴 | | | | | | | | | | S・H・R　年　　月　　日 | | |  | | | | | | | S・H・R　年　　月　　日 | | |  | | | | | | | S・H・R　年　　月　　日 | | |  | | | | | | | S・H・R　年　　月　　日 | | |  | | | | | | | S・H・R　年　　月　　日 | | |  | | | | | | | S・H・R　年　　月　　日 | | |  | | | | | | | 雇用保険被保険者番号 | | | －　　　　　－　　 資格取得日　　　年　　月　　日 | | | | | | | 基礎年金番号 | | | 資格取得日　　　年　　月　　日 | | | | | | | 健康保険者証 | | | 資格取得日　　　年　　月　　日 | | | | | | | 扶養家族  氏名・続柄（生年月日）  基礎年金番号  （手帳保持者のみ） | | | ・　　（　　．　．　）  　－ | | | ・　　（　　．　．　）  　－ | | | | ・　　（　　．　．　）  　－ | | | ・　　（　　．　．　）  　－ | | | | ・　　（　　．　．　）  　－ | | | ・　　（　　．　．　）  　－ | | | |

保存年限：退職・解雇または死亡の日から3年