

## 常用就職支度手当支給申請書

(必ず第2面の注意書きをよく読んでから記載してください。)

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| ※帳票種別                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">12</div> <div style="display: flex; flex-direction: column; align-items: center;"> <div>110 日雇</div> <div>210 一般</div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 1. 支給番号                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                | 2. 未支給区分                                                                                                                                                                            |             |       |                  | 3. 番号複数取得チェック不要                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>110 日雇</span> <span>210 一般</span> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1 空欄 未支給以外</span> <span>2 未支給</span> </div> </div>          |             |       |                  | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>チェック・リストが出力されたが、調査の結果、同一人でなかった場合に「1」を記入すること。</span> </div> </div> |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 4. 被保険者番号(日雇の場合にのみ記入すること。)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                             |                |                                                                                                                                                                                     |             |       |                  | 5. 就職年月日                                                                                                                                                                                  |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>110 日雇</span> <span>210 一般</span> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                |                                                                                                                                                                                     |             |       |                  | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>4 平成</span> <span>5 令和</span> </div> </div>                       |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 6. 不支給理由                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">1</div> 待期未経過           <div style="border: 1px solid black; padding: 2px;">3</div> 手当等履歴有           <div style="border: 1px solid black; padding: 2px;">4</div> 早期支援履歴有         </div> <div> <div style="border: 1px solid black; padding: 2px;">6</div> 安定就業不該当           <div style="border: 1px solid black; padding: 2px;">7</div> 離職前事業主           <div style="border: 1px solid black; padding: 2px;">9</div> 安定要件不認定         </div> <div> <div style="border: 1px solid black; padding: 2px;">10</div> 対象不該当           <div style="border: 1px solid black; padding: 2px;">11</div> 給付制限未経過           <div style="border: 1px solid black; padding: 2px;">12</div> 再就職手当該当         </div> <div> <div style="border: 1px solid black; padding: 2px;">13</div> 調査時点離職         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 7. 姓(漢字)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                             |                | 8. 名(漢字)                                                                                                                                                                            |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>110 日雇</span> <span>210 一般</span> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1 空欄 未支給以外</span> <span>2 未支給</span> </div> </div>          |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 9. 郵便番号                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                | 10. 電話番号(項目ごとにそれぞれ左詰めで記入してください。)                                                                                                                                                    |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>110 日雇</span> <span>210 一般</span> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>市外局番</span> <span>市内局番</span> <span>番号</span> </div> </div> |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 11. 申請者の住所(漢字) 市・区・郡及び町村名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>110 日雇</span> <span>210 一般</span> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 申請者の住所(漢字) 丁目・番地                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>110 日雇</span> <span>210 一般</span> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 申請者の住所(漢字) アパート、マンション名等                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>110 日雇</span> <span>210 一般</span> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 5%; text-align: center; vertical-align: middle;">事業主の証明</td> <td rowspan="3" style="width: 15%; text-align: center; vertical-align: middle;">12.</td> <td colspan="2" style="text-align: center;">名 称</td> <td colspan="2" style="text-align: center;">(雇用保険) 事業所番号</td> <td colspan="2" style="text-align: center;">(記載も)</td> </tr> <tr> <td colspan="2" style="text-align: center;">所 在 地</td> <td colspan="2" style="text-align: center;">(電話番号)</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">の</td> </tr> <tr> <td colspan="2" style="text-align: center;">事業の種類</td> <td colspan="2" style="text-align: center;">(電話番号)</td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">13.</td> <td colspan="2" style="text-align: center;">雇 入 年 月 日</td> <td colspan="2" style="text-align: center;">令和 年 月 日</td> <td colspan="2" style="text-align: center;">14. 採用内定年月日</td> <td colspan="2" style="text-align: center;">令和 年 月 日</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">い</td> </tr> <tr> <td colspan="2" style="text-align: center;">15. 職 種</td> <td colspan="2" style="text-align: center;">16. 一週間の所定労働時間</td> <td colspan="2" style="text-align: center;">17. 賃金月額</td> <td colspan="2" style="text-align: center;">18. 雇用期間</td> </tr> <tr> <td colspan="2" style="text-align: center;">イ 定めなし<br/>ロ 定めあり</td> <td colspan="2" style="text-align: center;">時間 分</td> <td colspan="2" style="text-align: center;">万 千円</td> <td colspan="2" style="text-align: center;">イ 定めなし<br/>ロ 定めあり</td> </tr> <tr> <td colspan="2" style="text-align: center;">19.</td> <td colspan="6" style="text-align: center;">上記の記載事実と誤りのないことを証明する。</td> <td colspan="2" style="text-align: center;">(記載も)</td> </tr> <tr> <td colspan="2" style="text-align: center;">令和 年 月 日</td> <td colspan="6" style="text-align: center;">事業主氏名<br/>(法人のときは名称及び代表者氏名)</td> <td colspan="2" style="text-align: center;">の</td> </tr> <tr> <td colspan="2" style="text-align: center;">20.</td> <td colspan="6" style="text-align: center;">上記13欄の日前3年間に於ける就職についての再就職手当又は常用就職支度手当の支給の有無</td> <td colspan="2" style="text-align: center;">イ 再就職手当又は常用就職支度手当を受給したことがある。<br/>ロ 再就職手当又は常用就職支度手当のいずれも受給していない。</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">く<br/>だ<br/>さ<br/>い<br/>。</td> </tr> <tr> <td colspan="2" style="text-align: center;">雇用保険法施行規則第84条第1項の規定により、上記のとおり常用就職支度手当の支給を申請します。</td> <td colspan="6" style="text-align: center;">令和 年 月 日</td> <td colspan="2" style="text-align: center;">申請者氏名</td> </tr> <tr> <td colspan="2" style="text-align: center;">公共職業安定所長<br/>地方運輸局長 殿</td> <td colspan="6" style="text-align: center;">申請者氏名</td> <td colspan="2" style="text-align: center;">の</td> </tr> <tr> <td colspan="12" style="text-align: center;">備考</td> </tr> <tr> <td colspan="12" style="text-align: center;">※ 処理欄</td> </tr> <tr> <td colspan="12" style="text-align: center;">支給金額</td> </tr> <tr> <td colspan="12" style="text-align: center;">円 支給決定年月日 令和 年 月 日</td> </tr> <tr> <td colspan="12" style="text-align: center;">※ 所属長 次長 課長 係長 係 操作者</td> </tr> </table> |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  | 事業主の証明 | 12. | 名 称 |  | (雇用保険) 事業所番号 |  | (記載も) |  | 所 在 地 |  | (電話番号) |  | の | 事業の種類 |  | (電話番号) |  | 13. | 雇 入 年 月 日 |  | 令和 年 月 日 |  | 14. 採用内定年月日 |  | 令和 年 月 日 |  | い | 15. 職 種 |  | 16. 一週間の所定労働時間 |  | 17. 賃金月額 |  | 18. 雇用期間 |  | イ 定めなし<br>ロ 定めあり |  | 時間 分 |  | 万 千円 |  | イ 定めなし<br>ロ 定めあり |  | 19. |  | 上記の記載事実と誤りのないことを証明する。 |  |  |  |  |  | (記載も) |  | 令和 年 月 日 |  | 事業主氏名<br>(法人のときは名称及び代表者氏名) |  |  |  |  |  | の |  | 20. |  | 上記13欄の日前3年間に於ける就職についての再就職手当又は常用就職支度手当の支給の有無 |  |  |  |  |  | イ 再就職手当又は常用就職支度手当を受給したことがある。<br>ロ 再就職手当又は常用就職支度手当のいずれも受給していない。 |  | く<br>だ<br>さ<br>い<br>。 | 雇用保険法施行規則第84条第1項の規定により、上記のとおり常用就職支度手当の支給を申請します。 |  | 令和 年 月 日 |  |  |  |  |  | 申請者氏名 |  | 公共職業安定所長<br>地方運輸局長 殿 |  | 申請者氏名 |  |  |  |  |  | の |  | 備考 |  |  |  |  |  |  |  |  |  |  |  | ※ 処理欄 |  |  |  |  |  |  |  |  |  |  |  | 支給金額 |  |  |  |  |  |  |  |  |  |  |  | 円 支給決定年月日 令和 年 月 日 |  |  |  |  |  |  |  |  |  |  |  | ※ 所属長 次長 課長 係長 係 操作者 |  |  |  |  |  |  |  |  |  |  |  |
| 事業主の証明                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12.              | 名 称                                         |                | (雇用保険) 事業所番号                                                                                                                                                                        |             | (記載も) |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | 所 在 地                                       |                | (電話番号)                                                                                                                                                                              |             | の     |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | 事業の種類                                       |                | (電話番号)                                                                                                                                                                              |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 雇 入 年 月 日        |                                             | 令和 年 月 日       |                                                                                                                                                                                     | 14. 採用内定年月日 |       | 令和 年 月 日         |                                                                                                                                                                                           | い |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15. 職 種          |                                             | 16. 一週間の所定労働時間 |                                                                                                                                                                                     | 17. 賃金月額    |       | 18. 雇用期間         |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | イ 定めなし<br>ロ 定めあり |                                             | 時間 分           |                                                                                                                                                                                     | 万 千円        |       | イ 定めなし<br>ロ 定めあり |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | 上記の記載事実と誤りのないことを証明する。                       |                |                                                                                                                                                                                     |             |       |                  | (記載も)                                                                                                                                                                                     |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 令和 年 月 日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | 事業主氏名<br>(法人のときは名称及び代表者氏名)                  |                |                                                                                                                                                                                     |             |       |                  | の                                                                                                                                                                                         |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | 上記13欄の日前3年間に於ける就職についての再就職手当又は常用就職支度手当の支給の有無 |                |                                                                                                                                                                                     |             |       |                  | イ 再就職手当又は常用就職支度手当を受給したことがある。<br>ロ 再就職手当又は常用就職支度手当のいずれも受給していない。                                                                                                                            |   | く<br>だ<br>さ<br>い<br>。 |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 雇用保険法施行規則第84条第1項の規定により、上記のとおり常用就職支度手当の支給を申請します。                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | 令和 年 月 日                                    |                |                                                                                                                                                                                     |             |       |                  | 申請者氏名                                                                                                                                                                                     |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 公共職業安定所長<br>地方運輸局長 殿                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | 申請者氏名                                       |                |                                                                                                                                                                                     |             |       |                  | の                                                                                                                                                                                         |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 備考                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| ※ 処理欄                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 支給金額                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| 円 支給決定年月日 令和 年 月 日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |
| ※ 所属長 次長 課長 係長 係 操作者                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                             |                |                                                                                                                                                                                     |             |       |                  |                                                                                                                                                                                           |   |                       |  |        |     |     |  |              |  |       |  |       |  |        |  |   |       |  |        |  |     |           |  |          |  |             |  |          |  |   |         |  |                |  |          |  |          |  |                  |  |      |  |      |  |                  |  |     |  |                       |  |  |  |  |  |       |  |          |  |                            |  |  |  |  |  |   |  |     |  |                                             |  |  |  |  |  |                                                                |  |                       |                                                 |  |          |  |  |  |  |  |       |  |                      |  |       |  |  |  |  |  |   |  |    |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |

(注) 記載内容について、記載した方に直接確認する場合があります。