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| 届書コード | | | | | |  | | | | 事業所関係変更（訂正）届（処理票）  健康保険  厚生年金保険 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 事務センター長  所　　　　　 長  所長 | | | | | | | | | 副事務センター長  副　 　所　 　長 | | | | | グループ長  課　　長 | | | | | 担当者 | | | |
| １ | ０ | | ４ | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | | |  | | | | |  | | | |
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| ◎記入の方法は裏面に書いてありますのでご覧ください。  ◎｢※｣印欄は記入しないでください。 | | | | | 事業所整理記号 | | | | | | | | | | | | | | 事業所番号 | | | | | | |  | | 業態区分 | | | | | | | | 適　　　 用　　 　区　 　　分 | | | | | | | | | | | | | | | | 電　　話　　番　　号 | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | |  | | | | | | | | 債権管理  国等の事務所  （４を除く）  強制0．任適1．任単2．　　　　　　3．法適用除 4．  　　　　　　　　　　　　　　　　　　　外事業所 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | ⑩　　　事　業　主　又　は　代　表　者　の　氏　名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 事　 業 　主 　又 　は 　代 　表 　者 　の 　住 　所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 変更後 | | | (フリガナ) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 〒　 　 － | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | (氏) | | | | | | | | | | | | | | (名) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 変更前 | | | (氏) | | | | | | | | | | | | | | (名) | | | | | | | | | | | | | | 〒 　 － | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ⑫※　全　喪　原　因 | | | | | | | | | | | | | ⑭　　　昇　　　給　　　月 | | | | | | | | | | | | | | | ⑯　　賞 与 支 払 予 定 月 | | | | | | | | | | | | | ⑱ 現物給与の種類 | | | ⑳事業主代理人 | | | | | | | | 算定届用紙作成 | | | | | | 賞与届用紙作成 | | | | | ※提出形態表示 | | | | |
|  | | | | | 解散1．任適脱退認可4.  休業2．認定全喪5.  合併3．その他7. | | | | | | | | | | | | | 1回目 | | | 2回目 | | | 3回目 | | | 4回目 | | | | | | 1回目 | | | | 2回目 | | | | 3回目 | | 4回目 | | | 食　事1．定期券4．住　宅2．その他5．  被　服3．（　 　　) | | | 無　0  有　1 | | | | | | | | 要 　0  不要 1  CD要 2 | | | | | | 要 　0  不要 1  CD要 2 | | | | | 無　＃  有　１ | | | | |
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|  | | | | | 事　業　主　代　理　人　の　氏　名 | | | | | | | | | | | | | | | | | | | | | | | | 事　 業 　主 　代 　理 　人 　の 　住 　所 | | | | | | | | | | | | | | | | | | | | | | | | | | | 選（解）任年月日 | | | | | | | | | | | | | | | | |
|  | | | | | 変更後 | | |  | | | | | | | | | | | | | | | | | | | | | 〒　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　 年 　　月 　　日選任 | | | | | | | | | | | | | | | | |
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|  | | | | | 変更前 | | |  | | | | | | | | | | | | | | | | | | | | | 〒　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　 年　　 月 　　日解任 | | | | | | | | | | | | | | | | |
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| 社会保険  労務士コード | | | | | | | | | | | 年金委員名1 | | | | | (フリガナ) | | | | | | | | |  | | | | | | | | | | | | | 年金委員名2 | | | | | | (フリガナ) | | |  | | | | | | | 備 考 | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | |  | | | | | (氏) | | | | | | | | | (名) | | | | | | | | | | | | |  | | | | | | (氏) | | | (名) | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | 社会保険  　労務士名 | | | | |  | | | | | | | | | | | | | | 健康保険  　組 合 名 | | | | | | | | (フリガナ) | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |
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| 令和　　　年　　　月　　　日　提出 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | --- | | 社会保険労務士　記　載　欄 | |  |   受付日付印 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所所在地  事業所名称  事業主氏名  電 話 番 号 | | | | | | | | | | | | 〒　　　－    　　　　　　（　　　　　） | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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【記入の方法】

１．①及び②は必ず記入してください。その他の欄については、変更があった場合のみ記入してください。

２．⑧の電話番号の市外局番と市内局番及び市内局番と加入番号の間には、「－」を記入してください。

３．事業主（代表者）が変更されたときは、⑩については、変更前の事業主及び変更後の事業主、両名の署名が必要です。

　　変更前の事業主の死亡その他やむを得ない理由により連署することができないときは、その理由をに記入してください。

４．⑭及び⑯は次のように記入してください。

（例）　 昇給月が６月と12月の場合

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| 月 | | 月 | | 月 | | 月 | |
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５．⑱の現物給与とは、給食、住宅貸与、被服支給及び定期券支給など報酬の一部又は全部を通貨以外のもので

支給する場合です。該当する文字全てを○印で囲んでください。

６．⑳は該当する文字を○印で囲んでください。

７．事業主の押印については、署名（自筆）の場合は省略できます。