附件3

失业保险基金支付参保职工技术技能提升补贴统计表

填报单位：　　 区（市）县人力资源和社会保障局（盖章）　　 　填报时间：　年　　月　 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **补贴类型** | **人　数** | | | | | **金　额** | | | | | **备注** |
| **合计** | **初级** | **中级** | **高级** | **未标注或未分等级** | **合计** | **初级** | **中级** | **高级** | **未标注或未分等级** |
|  | 专业技术职业资格证书 |  |  |  |  |  |  |  |  |  |  |  |