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| 届書コード | | | | | | | | | 処理区分 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | |  |  | |
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| 正 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | |  |
| **育　児　休　業　取　得　者　申　出　書（新規・延長）**  **健康保険**  **厚生年金保険** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ◎「※」印欄は記入しないで下さい。 | | |
| ① 事 業 所 の 記 号 | | | | | | | | | | | | | | | | | | | | | | | | | ②被保険者の番号 | | | | | | (ア)年金手帳の基礎年金番号 | | | | | | | | | | | | | | | ③　生　年　月　日 | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | |  | |  | |  | | |  |  |  |  |  |  | 明　１  大　３  昭　５  平　７ | | | |  | | 年 |  | 月 |  | 日 |  | | | | | | | | | | | | | | |
| ※ | | | | |  | | | |
| (イ)　被　保　険　者　の　氏　名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (ウ) 性別 | | | | | | (エ)　養　育　す　る　子　の　氏　名 | | | | | | | | | | | | | | | | ④　養育する子の生年月日 | | | | | | | | | | | | ⑤　養育する子の区分 | | | | | | |
| (フリガナ) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 男　１  ・  女　２ | | | | | | (フリガナ) | | | | | |  | | | | | | | | | | 平成  ７ | |  | 年 | |  | 月 | |  | | | 日 | 実　子　１  ・  その他　２ | | | | | | |
| (氏) | | | | | | | | | | | | | | | | | | | | | | (名) | | | | | | | | | | | | | (氏) | | | | | | (名) | | | | | | | | | |
| (オ)　実子以外の子を養育し始めた日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | (カ)　　養　　育　　の　　た　　め　　休　　業　　す　　る　　期　　間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平成 | | | | | | | |  | | | | 年 | | | |  | | | | 月 | | | |  | | | 日 | 平 成　　　　年　　　　月　　　　日　か ら　　平 成　　　　年　　　　月　　　　日　ま で | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ⑥※育児休業開始(申出)年月日 | | | | | | | | | | | | | | | | | | | | | | | ⑦※育児休業終了予定年月日 | | | | | | | | | | | | ⑧※作成原因 | | | | | | | | | | 備　　　　　　　　　　　　考 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | 年 | | | |  | | | | 月 | | | |  | | | | 日 | | |  | | | 年 |  | | 月 | |  | | 日 | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 事業所所在地　〒　　　　－  事業所名称  事業主氏名　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　印  電　　　話　　　　　　　　　　　　　　　　　　　　　（　　　　　　局）　　　　　　　番 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 保険料を徴収しない期間は、⑥育児休業開始（申出）  年月日の属する月から⑦育児休業終了予定年月日の翌日  の属する月の前月までとなります。 | | | | | | | | | | | | | | | | 平成　　年　　月　　日提出  受付日付印 | | | | | | | 平成　　年　　月　　日提出  ｓｓ受付日付印 | | | | | | | |
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| 社 会 保 険 労 務 士 の 提 出 代 行 者 印 | | | | | | | | | | | | | | | |
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