|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 届書コード | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | |  | | |  | | |
| ２ | ６ | | ４ | |  | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | |  | | |  | |
|  |  | | | | | | | | | | | | **健康保険**  **厚生年金保険** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 正 |  | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | |  | | |  | |
|  | **育児休業取得者終了届** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| ◎「※」印欄は記入しないでください |  | | | | | | | | | | | ②被保険者の番号 | |  | | | | | | | | | | | | | ③　生　年　月　日 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  |  | | |  | |  |  |  | |  |  |  | |  |  |  |  | 昭　５  平　７ | | | |  | | 年 | |  | | 月 | |  | | 日 | |  | | | | | | | | | | | | | | | | | | | | |
| ※ |  | |  |  |  | |  |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |
| （イ） | | | | | | | | | | | | | | | | （ウ）性別 | | | | （エ） | | | | | | | | | | | | | | | | | | | | | （オ） | | | | | | | | | | | | | | | （カ）養育する子の区分 | | | | | |
| (ﾌﾘｶﾞﾅ) | | | | | | | | | |  | | | | | | 男　１  　　・  　女　２ | | | | （ﾌﾘｶﾞﾅ） | | | | | | | | |  | | | | | | | | | | | | 令和  　9 |  | | 年 | |  | | 月 | | | |  | | 日 | | 実　子　１  ・  その他　２ | | | | | |
| （氏） | | | | | | | | | | （名） | | | | | | （氏） | | | | | | | | | （名） | | | | | | | | | | | |  | |  | |  | |  | | | |  | |  | |
| （キ）　育　　児　　休　　業　　期　　間　　が　　終　　了　　し　　た　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | ④※育児休業開始（申出）年月日 | | | | | | | | | | | | ⑤※作成原因 | | | | |  | | ⑥※育児休業終了年月日 | | | | | | | | | | | | | |  |
| 令和　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 年 | |  | | 月 | |  | | 日 | |  | | | | |  | | | | 年 | |  | | 月 | | |  | 日 | |
|  | |  | |  | |  | |  | |  | |  | | | | |  | | | |  | |  | |  | | |  |  | |
| 備　　　　　　　　　　　　　　　　　　　　　　　　　　　考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所所在地　　〒　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 令和　　　年　　　月　　　日提出 | | | | | | | | | | | |
| 事業所名称  　事業主氏名　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　印  　電　　　話　　　　　　　　　　　　　　　　（　　　　　　）局　　　　　　　　番 | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | 受付日付印  2020.3 | | | | | | | | | | | |
| 社会保険労務士の提出代行者印 | | | | | | | | | | | | | | | | | | | | | |
| |  　　　　　　　　　　　　　　　|  　　　　　　　　　　　　　　　　　 |　 印  　　　　　　　　　　　　　　　|  　　　　　　　　　　　　　　　| | | | | | | | | | | | | | | | | | | | | | |