新潟県後期高齢者医療 傷病手当金支給申請書（事業主記入用）

労務に服することができなかった期間を含む賃金計算期間の勤務状況及び賃金支払状況等をご記入ください。

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| 事業主が証明するところ | 被保険者氏名 |  |
| ① 新型コロナウイルス感染症（発熱等の症状があり感染が疑われる場合も含む）により、労務に服することができなかった期間の属する月における勤務状況上記の事由による無給休暇の日数を×で表示してください。 | 左記の事由による無給休暇の日数 |
| 年　　月　 | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 1516 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | 日　 |
| 年　　月　 |  　1 2 3 4 5 6 7 8 9 10 11 12 13 14 1516 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |
| ② 新型コロナウイルス感染症（発熱等の症状があり感染が疑われる場合も含むにより、労務に服することができなかった期間の属する月の直近３か月の勤務状況【出勤は 〇 】、【有給休暇は △ 】、【上記の事由による無給休暇は × 】、【その他の休暇（賃金が生じる）は ＝ 】、【その他の休暇（賃金が生じないは ／ ）】でそれぞれ表示してください。 | 賃金が生じた日数の計（〇、△、＝の計） |
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| ②の期間に対して賃金を支払いましたか。 | １．はい２．いいえ | 給与の種類 | □ 月給　　 □ 時間給□ 日給　　 □ 歩合給□ 日給月給 □ その他 | 賃金計算 | 締　日 | 日 |
| 支払日 | １．当月２．翌月 | 日 |
| ②の期間の課税対象となる賃金支給状況をご記入ください。ただし、期末勤勉手当（賞与）は除く。 |
| 支給した賃金の内訳 | 期間区分 | 単価（円） | 月　 　日 ～月　 　日 分 | 月　 　日 ～月　 　日 分 | 月 　　日 ～月　 　日 分 |
| （Ａ）支給額（円） | （Ｂ）支給額（円） | （Ｃ）支給額（円） |
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| 賃金支給総額（上記（Ａ）～（Ｃ）の合計） |

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 | 円 |
| 賃金計算方法（欠勤控除計算方法等）についてご記入ください。 |
| 　　年　　月　　日上記のとおり相違ないことを証明します。事業所所在地　　事業所名称　　事業主氏名　　　　　　　　　　　　　　　　　　　　　　㊞（自署の場合は押印不要） |
| 担当者氏名 |  | 電話番号 |  |