（別紙）応援協力金対象者一覧（公設用）

本表記載の職員については、島根県児童養護施設等従事者に対する応援協力金交付要綱第4条第1項各号に該当する職員であることを証明します。

所在地
施設名
代表者職・氏名　　印

| | 氏名（漢字） | 氏名（全角カナ） | 郵便番号 | 住所 | 主たる勤務先 | 確認事項 | | | 振込先口座 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 施設の名称 | 他の施設等との期間通算がある場合その施設名 | 他施設等での給付金等の申請の有無 | 業務委託等による従事者 | 相手方番号（債権債務者登録） |
| 例 | 島根太郎 | シマネタロウ | 690-8501 | 松江市殿町1 | ○○○○学園 | ××××学院 | 無 | ○ | 0012345678 |
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| | 氏名（漢字） | 氏名（全角カナ） | 郵便番号 | 住所 | 主たる勤務先 | 確認事項 | | | 振込先口座 |
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| | | | | | 施設の名称 | 他の施設等との期間通算がある場合その施設名 | 他施設等での給付金等の申請の有無 | 業務委託等による従事者 | 相手方番号（債権債務者登録） |
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| | 氏名（漢字） | 氏名（全角カナ） | 郵便番号 | 住所 | 主たる勤務先 | 確認事項 | | | 振込先口座 |
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