附件1

**年审编号：**

用人单位劳动保障年度书面审查表

(2023年度)

单位名称： (盖章)

统一社会信用代码：

法定代表人：

经济类型：

单位地址：

单位电话：

填报日期：

**安康市人力资源和社会保障局 印制**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 一、用人单位基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 详细地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注册登记机关 | | |  | | | | | | | | | | | 统一社会信用代码 | | | | | | | | | |  | | | | | | | | | |
| 法定代表人 | | |  | | | | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | |
| 人力资源负责人 | | |  | | | | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | |
| 二、劳动用工 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年末单位员工总  人数(人)  (含劳务派遣员工) | | |  | | | | | 非全日制用工  人数(人) | | | | | | | | | | |  | | | | | | 港澳台或外籍劳动者(人) | | | | | | | |  |
| 是否使用劳务派遣员工 | | | | | | | |  | | | | | | | | | | | 劳务派遣员工人数 | | | | | | | | | | | | | |  |
| 已签订劳动合同人数( 人) | | | 无固定期限(人) | | | | |  | | | | | | | | | 是否组建企业工会 | | | | | | | | | | |  | | | | | |
| 有固定期限(人) | | | | |  | | | | | | | | | 是否签订综合性  集体合同 | | | | | | | | | | |  | | | | | |
| 完成一定  工作任务为期限(人) | | | | |  | | | | | | | | | 是否签订企业工资  集体协商专项合同 | | | | | | | | | | |  | | | | | |
| 是否签订女职工  权益保护集体合同 | | | | | | | | | | |  | | | | | |
| 是否制定内部人力资源管理制度 | | | | | | | |  | | | | | | | | | 是否签订劳动安全  卫生保护集体合同 | | | | | | | | | | |  | | | | | |
| 是否建立职工名册 | | | | | | | |  | | | | | | | | | 综合性集体合同  起止日期 | | | | | | | | | | |  | | | | | |
| 三、社会保险 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项 目 | | | 养老保险 | | | | | 失业保险 | | | | | | | | | 工伤保险 | | | | | 医疗保险 | | | | | | | | | 生育保险 | | |
| 应参保缴费人数  (人) | | |  | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | |  | | |
| 实际参保缴费人数  (人) | | |  | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | |  | | |
| 缴费金额  (万元) | | |  | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | |  | | |
| 欠费金额  (万元) | | |  | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | |  | | |
| 四、工资支付 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 月工资支付日期 | | | | | | |  | | | | | | | | | 上年度职工月平均工资(元) | | | | | | | | | | | | |  | | | | | | |
| 年实际支付工资总额(元) | | | | | | |  | | | | | | | | | 是否达到最低工资标准 | | | | | | | | | | | | |  | | | | | | |
| 是否拖欠、克扣工资 | | | | | | |  | | | | | | | | | 是否按规定支付加班工资 | | | | | | | | | | | | |  | | | | | | |
| 五、职业培训 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年提取职工培训经费(元) | | | | | |  | | | | 其中用于技术工人培训(元) | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 技术工种从业人员(人) | | | | | |  | | | | 已持《职业资格证》人数(人) | | | | | | | | | | |  | | | 技师、高级  技师(人) | | | | | | | | |  | | |
| 高级(人) | | | | | | | | |  | | |
| 初中级(人) | | | | | | | | |  | | |
| 在职培训人数 | |  | | | | 培训  天数 | |  | | | | | | | | | 专职培训人数 | | | | |  | | | | | | 培训天数 | | | | |  | | |
| 六、工时制度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 实行综合计算工时制人数(人) | | |  | | | | 实行不定时工时制人数(人) | | | | |  | | | | | | | | | 审批机关 | | |  | | | | | | | | | | | |
| 审批时效 | | |  | | | | | | | | | | | |
| 实行标准工作时间人数(人) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 延长工作时间是否与工会和劳动者协商 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 延长劳动者日工作时间是否超过3小时 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 延长劳动者月工作时间是否超过36小时 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 是否执行带薪年休假制度 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 七、女职工和未成年工特殊保护 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 女职工人数 | | | | | | |  | | | | | | | 是否对女职工进行四期保护 | | | | | | | | | | | | | | | | |  | | | | |
| 未成年工人数 | | | | | | |  | | | | | | | 是否使用未满十六岁的童工 | | | | | | | | | | | | | | | | |  | | | | |
| 是否对未成年工  进行特殊保护 | | | | | | |  | | | | | | | 是否对未成年工  进行定期健康检查 | | | | | | | | | | | | | | | | |  | | | | |
| 2023年度劳动保障守法诚信等级自评等级 | | | | A级□ B级□ C级□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 需要说明的  其他情况 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用人单位在本年度  内，被人力资源和  社会保障行政部门  立案查处情况 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用人单位  自查意见 | | | | 以上填报内容和申报资料内容真实、准确，如有虚假，本单位愿承担相应法律责任。  法定代表人(或主要负责人)签字：    (单位盖章)  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填报人姓名 | | | | |  | | | | | | 电话 | | 固话 | | | | | |  | | | | | | | | 填报  日期 | | |  | | | | | |
| 手机 | | | | | |  | | | | | | | |
| 人力资源和社会保障行政部门劳动保障监察机构  审查意见 | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1.涉及劳动用工的单位请认真如实填写，并按时报至宁陕县劳动保障监察大队；

2.此表可书写，字迹要清楚、工整，也可以用电脑打印；

3.凡有“是否”栏目，一律如实填写“是”或者“否”；

4.单位必须对本表中所填写内容的真实性负责，劳动保障监察机构将根据具体情况抽查核实，如发现有弄虚作假等行为的，根据《劳动保障监察条例》等相关法律法规依法作出处理。