

(規則第18条の2関係)

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。

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------|-------|----------------------|-----------|--|----|-----------|----|-------|-----------|--------------------------|----|----|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|--|
| 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を含む)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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和 年 月 | <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 日 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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を含む)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○】、【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 (○、△、= の計) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和 年 月 | <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 日 | |
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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 | | <input type="checkbox"/> 月給 <input type="checkbox"/> 時間給 <input type="checkbox"/> 日給 <input type="checkbox"/> 歩合給 <input type="checkbox"/> 日給月給 <input type="checkbox"/> その他 | | 賃金計算 | | 締日 | | 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 支払日 | | 1. 当月 | | 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業主が証明するところ | 期間 | | 単価(円) | | 月 日 ~ | | | 月 日 ~ | | | 月 日 ~ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 区分 | | | | 月 日 分 | | | 月 日 分 | | | 月 日 分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | (A)支給額(円) | | | (B)支給額(円) | | | (C)支給額(円) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 基本給 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 時給 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 手当 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 手当 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 手当 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 手当 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 現物給与 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 計 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 賃金支給総額(上記(A)~(C)の合計) | | | | | | | | | 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和 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 (印) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担当者氏名 | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |