|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件8  广州市劳动关系和谐企业申报汇总表 | | | | | | | | | | | | | | | | | | | | | | | | |
| 汇总单位（盖章）： | | | | |  |  |  |  |  |  |  |  |  |  |  |  | 报送时间： 年 月 日 | | | | |  |  |  |
| 序号 | 企业名称 | 社会信用代码 | 社保登记号 | 地址 | 邮编 | 人力资源部门联系人 | 联系电话 | 职工人数 | 用工备案人数 | 参加养老保险人数 | 参加工伤保险人数 | 参加医疗保险人数 | 参加失业保险人数 | 参加生育保险人数 | 劳动争议案件数 | 劳动监察、信访有效投诉案件数 | 发生安全责任事故 | 职业病危害事故 | 原有级别 | 申报级别 | A级标准核定分 | AA级标准核定分 | AAA级标准核定分 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 填报人： | |  |  |  | 联系电话： | | |  |  |  |  | 三方协商会议办公室负责人： | | | | |  |  |  |  |  |  |  |  |