継 様式－３

**受給資格確認・支給申請に係る訂正願**

**高年齢雇用継続給付**

**育児休業給付**

**介護休業給付**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. 事業所番号 | | **４** | **０** |  |  | － |  |  |  |  |  |  | － |  | ※裏の記載要領に従い、訂正項目のみ記入してください。 | | | | |
| 1. 被保険者番号 | |  |  |  |  | － |  |  |  |  |  |  | － |  |  | | | | |
|  | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. 氏名 | |  | | | | | | | | | | | | | | | | | |
| 1. 資格取得年月日 | | 昭和・平成・令和 | | | | | |  |  | 年 |  |  | 月 |  |  | 日 |  | | |

高年齢雇用継続給付

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| 訂　正　事　項 | 誤 | | | | | | | | | | 正 | | | | | | | | | |
| 1. 支給対象月   支払賃金額・賃金減額の日数 |  | | | | | |  |  |  |  |  | | | | | |  |  |  |  |
|  |  |  |  |  |  |  | ・ |  |  |  |  |  |  |  |  |  | ・ |  |  |
| 1. その他   （） |  | | | | | | | | | |  | | | | | | | | | |

育児休業給付

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| 訂　正　事　項 | 誤 | | | | | | | | | | | | | | | | | | | | 正 | | | | | | | | | | | | | | | | | | | |
| 1. 育児休業開始日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 |
| 1. 出産日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 |
| 1. 支給対象期間 |  |  | |  | |  | |  | |  | － | | |  | |  | |  | |  |  |  | |  | |  | |  | |  | － | | |  | |  | |  | |  |
| 全日休業日数・支払賃金額 |  | |  | | ・ | |  | |  | |  | |  | |  | |  | |  | |  | |  | | ・ | |  | |  | |  | |  | |  | |  | |  | |
| 1. 職場復帰日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 |
| 1. その他   （） |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |

介護休業給付

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 訂　正　事　項 | 誤 | | | | | | | | | | | | | | | | | | | | 正 | | | | | | | | | | | | | | | | | | | |
| 1. 介護休業開始日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 |
| 1. 支給対象期間 |  |  | |  | |  | |  | |  | － | | |  | |  | |  | |  |  |  | |  | |  | |  | |  | － | | |  | |  | |  | |  |
| 全日休業日数・支払賃金額 |  | |  | | ・ | |  | |  | |  | |  | |  | |  | |  | |  | |  | | ・ | |  | |  | |  | |  | |  | |  | |  | |
| 1. 介護休業終了日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 | 令和 | | | | |  | |  | | 年 |  |  | | 月 | |  | |  | | 日 |
| 1. その他   （） |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| 1. 訂正理由 |  |

上記の事項について訂正願います。

　　令和　　　　　年　　　　月　　　　日

住　所

事　業　主 名　称

氏　名

|  |  |  |
| --- | --- | --- |
| 社会保険労務士記載欄 | 氏　　　　名 | 電　話　番　号 |
| ㊞ |  |

公共職業安定所長　　殿

|  |  |  |
| --- | --- | --- |
| 課長 | 係長 | 係員 |
|  |  |  |

注　意

1. 記載要領
   1. ①～④欄は、すべての欄を記入してください。

記入内容は、訂正を必要とする次回支給申請日指定通知書、受給資格確認通知書等によって記入してください。

* 1. ⑤～⑮欄は、訂正を行うべき該当欄のみ記入してください。
  2. ア　⑤欄の記入例

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 訂　正　事　項 | 誤 | | | | | | | | | | 正 | | | | | | | | | |
| 1. 支給対象月   支払賃金額・賃金減額の日数 |  | | | | | | **０** | **２** | **０** | **３** |  | | | | | | **０** | **２** | **０** | **３** |
| **￥** | **２** | **０** | **０** | **０** | **０** | **０** | ・ | **０** | **２** | **￥** | **２** | **０** | **０** | **０** | **０** | **０** | ・ | **０** | **１** |

イ　⑨欄の記入例

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ⑨支給対象期間 | **０** | **２** | | **０** | | **３** | | **０** | | **１** | － | | **０** | | **３** | | **３** | | **０** | **０** | **２** | | **０** | | **３** | | **０** | | **１** | － | | **０** | | **３** | | **３** | | **１** |
| 全日休業日数・支払賃金額 | **３** | | **０** | | ・ | |  | | **￥** | | **５** | **０** | | **０** | | **０** | | **０** | | **３** | | **１** | | ・ | |  | | **￥** | | **５** | **０** | | **０** | | **０** | | **０** | |

* 1. ⑯欄は、訂正を必要とすることとなった事由を具体的に記入してください。

1. 携行書類
   1. 訂正を必要とする該当の次回支給申請日指定通知書等。
   2. ・出勤簿および賃金台帳（⑤、⑨、⑩、⑬、⑭欄の場合）。

・母子手帳（⑦および⑧欄の場合のみ）。

・その他関係書類。