（その３）

国民健康保険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をご記入ください。

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| 事 業 主 が 証 明 す る と こ ろ | 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  **上記の理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  無休休暇の日数 | | | | | | | | | | | | | | | | | | |
| 年 　月 | | | | | 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  **【出勤は〇】、【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  （〇、△、＝の計） | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | □ 月給　　　　□ 時間給  □ 日給　　　　□ 歩合給  □ 日給月給　□ その他 | | | | | | | | | | | | 賃金計算 | | | | | | | | 締　日　 　毎月末　 　　日 | | | | | | | | | | | | | | | |
| 支払日 1．当月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、賞与は除きます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 期 間  区 分 | | | 単価（円） | | | | | | | | | | | 月　　日 ～  月　　日 分 | | | | | | | | | | | 月　　日 ～  月　　日 分 | | | | | | | | | | | | | | | 月　　日 ～  月　　日 分 | | | | | | | | | | | | | |
| （A）支給額（円） | | | | | | | | | | | （**B**）支給額（円） | | | | | | | | | | | | | | | （C）支給額（円） | | | | | | | | | | | | | |
| 支給した賃金の内訳 |  | |  |  | | | | | | | | |  |  |  | | | | | | | | |  |  |  | | | | | | | | | | | | |  |  | |  | | | | | | | | | | |  |
| 基本給 | |  | |  |  |  |  |  | |  |  |  |  | | |  |  |  |  |  | |  |  | |  |  | |  | | |  | |  | |  | |  | |  |  |  | |  |
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| 現物給与 | |  | |  |  |  |  |  | |  |  |  |  | | |  |  |  |  |  | |  |  | |  |  | |  | | |  | |  | |  | |  | |  |  |  | |  |
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| 賃金支給総額（上記（A）～（C）の合計） | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |  | |  | |  | |  | | 円 | | |
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| 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり相違ないことを証明します。  　　年　　月　　日  事業所所在地  事業所名称  事業主氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担当者氏名 | |  | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |