常州工业职业技术学院

退休教职工困难补助申请表

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | |  | 出生年月 | | |  | | 退休时间 | | |  | |
| 住  址 |  | | | | | | | | | | | 电话 | |  | | | |
| 本人工资总额 | | | | |  | | | | 配偶工资总额 | | | | | |  | | |
| 家庭收入状况 | | |  | | | | | | | | | | | | | | |
| 子女所在地 | | | 在本市 个  （其中本校 个） | | | | | | | 在外地 个 | | | | | 在国外 个 | | |
| **本年度**自付医药费金额 | | | | | |  | | | | 患何种疾病 | | | | |  | | |
| 是否孤寡老人 | | | | 是 | | 否 | | 是否家庭困难 | | | | | | | 是 | | 否 |
| 生活自理状况 | | | |  | | | | | | | | | | | | | |
| 申请困难补助原因： | | | | | | | | | | | | | | | | | |
| 小组组长意见： | | | | | | | | | | | | | | | | | |
| 退休管理委员会意见： | | | | | | | | | | | | | | | | | |