**2023年青浦区教育系统教职工重大病申报表**（表1）

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **工作单位** | | |  | | | | | | | | **职务** | | | | |  | | | **身份证号码** | | | | |  | | | |
| **姓　　名** | | |  | | | | | | | | | **性别** | |  | | | **年龄** | |  | | | **手机** | | | |  | |
| **技术职称** | | | |  | | | | | **家庭地址** | | | |  | | | | | | | | | **电话** | | | |  | |
| **家庭成员情况** | **姓　名** | | | | | **年龄** | | | | **称谓** | | | **工　作　单　位** | | | | | | | | | | | | **月工资收入** | | |
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| **患病情**  **况** | **初发病时间** | | | | **年 月** | | | | | | | | | | **详细注明患何种大病** | | | | | |  | | | | | | |
| **何种治疗方案括号内打勾** | | | | **手术（）；放化疗（）；药物治疗（）；血液透析（）；其他\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_；**  **换器官：\_\_\_\_\_\_年已换\_\_\_\_\_\_\_（）、 等待\_\_\_\_\_配对（）** | | | | | | | | | | | | | | | | | | | | | | |
| **复发病时间** | | | | **年 月** | | | | | | | | | | **目前病情** | | | **病危（）;转移（）;恶化（）; 稳定（）** | | | | | | | | | |
| **目前状况** | | | | **住院（）;全休（）;半休（）;长病假（）;**  **照顾上班（）；正常上班（）。** | | | | | | | | | | | | | | | **是否晚期** | | | **是（）;否（）;不详（）** | | | | |
| **治疗费用** | | | | **当年自费 元; 发病起已累计自费 元** | | | | | | | | | | | | | | | | | | | | | | |
| **其他困难** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **该职工是否获得过各级有关部门援助（合计数）** | | | | | | | | **工作单位： 元;区教育局： 元;市教育工会： 年 元;**  **其他部门：** | | | | | | | | | | | | | | | | | | | |
| **单位意见** | **（单位公章）**  **单位负责人签名**  **年　　月　　日** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **应提供复印**  **资料证明** | | | | | | | **1、重大病诊断证明或出院小结、区总工会重大病受理回执（复印件）**  **2、请提供一年内自费部分明细清单** | | | | | | | | | | | | | | | | | | | | |
| 注：1、调查对象1、2填写本表。  2、本表一式二份，一份交教育工会，一份学校留存。 | | | | | | | | | | | | | | | | | | | | | | | | |

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| **2023年青浦区教育系统帮困救助申请表**（表2） | | | | | | | | | | | | |
|  |  | | | |  |  | |  | | | | |
| **姓名** |  | | | | **性别** |  | | **出生年月** | | |  | |
| **家庭地址** |  | | | | | | | **家庭电话** | | |  | |
| **教育工龄** |  | | | | **学 科** |  | | **职 称** | | |  | |
| **政治面貌** |  | | | | **文化程度** |  | | **家庭月人均收入** | | |  | |
| **单位名称** |  | | | | **工会主席** |  | | **联系电话** | | |  | |
| **在业情况（上班、病假）** | | | | | |  | | | | | | |
| **本人月收入** |  | | | **家庭月总收入** | |  | | **基层单位当年补助金额** | | |  | |
| **家庭成员情况** | **姓名** | | | **出生年月** | | **称谓** | | **工作单位** | | | **月收入** | |
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| **困难情况** |  |  | | | | |  | |  | | |  |
| **单位意见** | **（单位公章）** | | | | | | | | | | | |
| **单位负责人签名** | | | | | | | | |  |  | |
|  | | | | | | | | | **年 月 日** | | |
| **备注** |  | | **请提供相关部门出具的重大事件的相关证明材料或低保家庭证明材料。** | | | | | | | | | |
| 注：1、调查对象3、4填写本表。  2、本表一式二份，一份交教育工会，一份学校留存。 | | | | | | | | | | | | |

**重大病一年来自费部分清单**（表3）

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| **姓 名** | |  | | | **所在单位** | |  |
| **重大病名称及确诊时间** | | |  | | | | |
| **治疗费用中自费部分**  **自发病到今已累计数（万元）** | | |  | | | | |
| **2022年9月1日至2023年8月31日较大额自费清单** | | | | | | | |
| **序号** | **费用名称** | | | **金额（元）** | | **备注** | |
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| **一年来自费部分合计** | | | |  | |  | |

请附部分大额自费部分收据的复印件。

注：本表一式二份，一份交教育工会，一份学校留存。