附件1

东南大学教职工困难（特困）补助申请表

**单 位: （盖章）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **一卡通号码** | |  | | | | | | | **联系电话** |  |
| **性别** |  | **出生年月** | |  | | | **职务或职称** | |  | | | **在职或退休** |  |
| **本人月工资（应发数一栏）金额[元]** | | | | | | | |  | | **家庭实际月总收入** | | |  |
| **现家庭住址** | | |  | | | | | | | | | | |
| **家庭**  **主要**  **居住**  **成员** | **姓 名** | | **与申请人关系** | | | **工 作 单 位** | | | | | **月 收 入（元）** | | |
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| **申**  **请**  **原**  **由** | **(含患病或事件发生的时间、费用等)**  **申请人：**  **年 月 日** | | | | | | | | | | | | |
| **部门工会**  **意见** | **负责人： （工会印章）**  **年 月 日** | | | | | | | | | | | | |
| **学校**  **工会**  **意见** |  | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | |