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| 様式第３１号（その３）（附則第２項関係） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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い状況等を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  上記の事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  無給休暇の日数 | | | | | | | | |
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| 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | | 日 | |
| 年　　月 | | | | | | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | |  | |
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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○】、【有給休暇は△】、【上記の事由による無給休暇は×】、【賃金が生じるその他の  休暇は＝】、【賃金が生じないその他の休暇は／】でそれぞれ表示してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 賃金が生じた日数の計  （○、△、＝ の数の計） | | | | | | | | |
| 年　　月 | | | | | | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | |  | |  | | | | | | | 日 | |
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| 年　　月 | | | | | | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | |  | |  | | | | | | | 日 | |
| 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | |
| 年　　月 | | | | | | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | |  | |  | | | | | | | 日 | |
| 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | |
| 年　　月 | | | | | | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | |  | |  | | | | | | | 日 | |
| 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | |
| ②の期間に対して、賃金を支払いましたか。 | | | | | | | １ はい | | | | | 給与の  種類 | | | | | |  | |  | |  |  |  | |  | |  | |  | | 賃金計算 | | | | | | 締日 | |  | | | | | | 日 | |
| □ 月給 | | | | | | □ 時間給 | | | | | | | |
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| □ 日給 | | | | | | □ 歩合給 | | | | | | | |
| ２ いいえ | | | | | 支払日 | | １ 当月  ２ 翌月 | | |  | | | 日 | |
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| □ 日給月給 | | | | | | □ その他 | | | | | | | |
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| ②の期間課税対象となる賃金支給状況を記入してください。ただし、期末勤勉手当（賞与）は除く。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支給した賃金内訳 | | 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） | | | | | | |
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| 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）について記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 上記のとおり相違ないことを証明します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
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|  | 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 | | | | | | | | |  | | | | | | | | | | | | | | | |