**輔導民間團體即時上工計畫民間團體工作機會申請表**

填表日期：　　年　　月　　日

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| 提案單位 | | | |  | | | | | | |
| 統一編號 | | | |  | | | | | | |
| 負責人姓名及職稱 | | | |  | | | | | | |
| 聯絡人姓名及職稱 | | | |  | | | | | | |
| 電話 | | | |  | | | | | | |
| 電子郵件 | | | |  | | | | | | |
| 單位地址 | | | |  | | | | | | |
| 執行期間 | | | |  | | | | | | |
| 編號 | 用人單位 | 工作內容 | 人數 | | 工作地點 | 工作時間 | 人員所需基本條件 | 督導管理人姓名及職稱 | 電話 | 工作內容評估具接觸風險，申請防疫津貼者  V |
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| 請假規定 | | | |  | | | | | | |
| 單位及負責人印章 | | | |  | | | | | | |