附件2

**山西大同大学教职工大病医疗资助申请表**

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| **姓名** |  | | | **性别** |  | **年**  **龄** |  | **单**  **位** | |  | | **电 话** | | |
|  | | |
| **职务** |  | | **工**  **资** |  | | | **申请金额** | | |  | | | | |
| **工资卡号** | | |  | | | | |
| **家**  **庭**  **成**  **员**  **职**  **业**  **和**  **经**  **济**  **状**  **况** | **称谓** | | **姓 名** | | **年龄** | **现在何地** | | | **单位** | | | | **职业** | **收入** |
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| **住院费用** | |  | | | | | | | | | **家庭全年总收入：** | | | |
| **申**  **请**  **理**  **由** | | **申请人： （签章） 年 月 日** | | | | | | | | | | | | |
| **分会意见（盖章签名）** | | | | | | | | | | | | | | |
| **校工会意见（盖章签名）** | | | | | | | | | | | | | | |

**备注：申请人须提供住院病案首页复印件、诊断证明复印件、机打费用票据复印件、费用清单印件、身份证复印件**

**附件3**

**山西大同大学教职工生活困难救助申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** |  | **年**  **龄** |  | **单**  **位** | |  | **电 话** | | |
|  | | |
| **职务** |  | **工**  **资** |  | | | **申请金额** | | |  | | | |
| **工资卡号** | | |  | | | |
| **家**  **庭**  **成**  **员**  **职**  **业**  **和**  **经**  **济**  **状**  **况** | **称谓** | **姓 名** | | **年龄** | **现在何地** | | | **单位** | | | **职业** | **收入** |
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| **家庭全年总收入：** | | | | | | | | | | | | |
| **申**  **请**  **理**  **由** | | **申请人： （签章） 年 月 日** | | | | | | | | | | |
| **分会意见（盖章签名）** | | | | | | | | | | | | |
| **校工会意见（盖章签名）** | | | | | | | | | | | | |