**劳 动 人 事 争 议 仲 裁**

**申 请 书**

**致： 劳动人事争议仲裁委员会**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人  姓名 |  | | 性别 |  | 出生日期 | | 年 月 日 |
| 公民身份  号码 |  | | | | 联系电话 | |  |
| 住址 |  | | | | | | |
| 通讯地址 | □以《当事人有效送达地址确认书》为准  □其他： | | | | | | |
| 被申请人  名称 |  | | | | | | |
| 住所 |  | | | | | | |
| 通讯地址 | □与被申请人住所相同  □其他： | | | | | | |
| 法定代表人（或主要负责人） | 姓名 |  | 联络人及  联系电话 | | |  | |
| 职务 |  |
| 申请人  签名 |  | | 提交日期 | | | 年 月 日 | |
| 注意事项 | 1. 本申请书应当用黑色钢笔、签字笔书写，或采用电脑打印； 2. 仲裁请求及请求所依据的事实和理由应当明确并分项填写，仲裁请求应写明涉及的具体期间和数额，事实和理由应如实填写，并写明涉及金额的仲裁请求的计算方法； 3. 本申请书应按被申请人及第三人人数提交副本。 | | | | | | |

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| **仲 裁 请 求** | | | | | | | | | | | | | | | | | | | | |
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| 仲裁请求计算公式： | | | | | | | | | | | | | | | | | | | | |
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| **基 本 事 实 和 理 由** | | | | | | | | | | | | | | | | | | | | |
| 入职  时间 | | | 年 月 日 | | | | | 岗位及  职务 | | |  | | | | 有无签订劳动合同 | | | □有  □无 | | |
| 最后一期劳动合同  期限 | | | 年 月 日至 年 月 日 | | | | | | | | | | | | | | | | | |
| 工作地点 | | |  | | | | | | | | | | | | | | | | | |
| 工作时间 | | | □每周工作 天，每天工作 小时  □其他： | | | | | | | | | | | | | | | | | |
| 是否需要考勤 | | | □是  □否 | 考勤方式 |  | | | | | 工资发放方式 | | | □现金  □转账 | | | □需要签收  □不需签收 | | | | |
| 入职时  工资标准 | | | |  | | | | | | 工资标准  调整情况 | | |  | | | | | | | |
| 有无参加  社会保险 | | | | □有 | | □无 | | | | 受伤时间 | | | 年 月 日 | | | | | | | |
| 住院期间 | | | | 年 月 日至 年 月 日  年 月 日至 年 月 日 | | | | | | | | | | | | | | | | |
| 有无进行  工伤认定 | | | | □已进行 | | | □未进行 | | | | | 有无进行劳动能力鉴定 | | □已进行 | | | □未进行 | | | |
| 停工留薪期 | | | | 年 月 日至 年 月 日 | | | | | | | | | | | | | | | | |
| 受伤前12个月的月平均工资 | | | | | | | | | | | | | | 元/月 | | | | | | |
| 停工留薪期满后有无上班 | | | | □有 | □无 | | | | 没有继续  上班的原因 | | | | |  | | | | | | |
| 现是否在职 | | | | □是  □否 | 离职时间  （现仍在职的不需填写此项） | | | | | | | | | 年 月 日 | | | | | | |
| 离职原因  （现仍在职的不需填写  此项） | | | | |  | | | | | | | | | | | | | | | |
| 离职前12个月的月平均工资  （现仍在职的不需填写此项） | | | | | | | | | | | | | | 元/月 | | | | | | |
|  | **其他需要说明的事实和理由** | | | | | | | | | | | | | | | | | | |  |
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