温岭市人力资源和社会保障局

温人社发〔2019〕29号

关于开展2019年劳动保障书面审查的通知

各镇人民政府，各街道办事处、东部新区：

为督促各用人单位遵守劳动保障法律法规，履行守法诚信义务，根据《劳动法》、《劳动保障监察条例》及《企业劳动保障守法等级评价办法》（人社部规〔2016〕1号）等规定，决定开展2018年度劳动保障书面审查工作，现将有关事项通知如下：

一、书面审查对象

全市各类企业、有雇工的个体工商户、民办非企业单位；与劳动者建立劳动关系的国家机关、事业单位、社会团体（以下统称用人单位）。

二、书面审查内容

2018年度审查的是全市用人单位从2018年1月1日至2018年12月31日期间遵守劳动用工、劳动合同、工时制度、劳动工资、社会保险、职业培训等方面的劳动保障法律、法规、规章情况。书面审查结果是建立用人单位劳动保障信用档案的主要依据。

三、书面审查报送时间

参加书面审查的用人单位请在本通知发布之日起至9月30日期间完成书面审查申报工作。新成立用人单位应当自成立后三十日内向劳动保障行政部门报送上述劳动保障书面审查资料。如实填写《用人单位劳动和社会保障年度书面审查报告书》并携带相关材料前往属地劳动保障监察机构接受书面审查。

四、书面审查申报方式和程序

（一）用人单位操作部分

1、登陆网站“浙江省劳动保障监察公共服务平台”进行在线书面审查申报，网址http:/96309.zjhrss.gov.cn/为书面审查申报窗口，按照网站要求填写相关数据资料，并上传上年度12月份职工花名册、上年度12月份职工工资发放单、每个工种的劳动合同各一份、劳动管理规章制度等资料，完成书面审查申报工作。

2、历年参加过书面审查的企业首次登陆账号为本单位名称，初始密码为888888；首次参加书面审查的企业，登陆的账号请与市劳动保障监察大队联系。（进入后请修改密码）

（二）负责书面审查监察员操作部分

登陆网站“浙江省劳动保障监察信息系统”，网址为http://ldjc.zjhrss.gov.cn/sso/sysbusiness/logon。填写个人账号和密码，及时对用人单位填写的资料进行审查审核。

对于初次参加书审的企业，管理员进入系统管理填写新增单位信息，账号生成后告知企业进行资料报送各企业单位申报的信息必须真实合法，对拒不参加劳动保障书面审查或报送书面材料严重失实的用人单位，按相关规定处理。书面审查的开展情况将作为企业评先评优的重要依据

五、书面审查的结果和处理

1、各用人单位申报后，系统将根据《浙江省劳动保障监察信息系统》设定的标准予以自动评级。

2、不按劳动保障行政部门的要求在规定时间内报送书面材料、隐瞒事实真相、出具伪证或者隐匿、毁灭证据的， 将按《劳动保障监察条例》 第三十条第（二）项规定，予以处罚。

3、用人单位报送书面审查材料不实造成定级错误的， 自发现之日起取消其原劳动保障信用定级，情节严重的列为失信单位予以公示。

六、工作要求

各用人单位应认真对本单位执行劳动保障法律、法规、 规章的情况进行分析自查，对存在的问题予以整改，并准备好有关材料，在规定的时间内及时报送。

劳动保障书面审查的结果，将记入企业劳动保障诚信档案，作为企业劳动保障诚信等级评价的重要指标。

附件：1、用人单位劳动用工年度工作报告书

2、各级书面审查机构地址及联系电话

3、网上书面审查操作手册

温岭市人力资源和社会保障局

2019年6月28日

附件1：

书审编号：[ ]

**用 人 单 位 劳 动 用 工**

**年 度 工 作 报 告 书**

（20 年度）

单位名称：

（盖章）

社会信用代码：

填 报 人：

联系电话：

填报日期：

温岭市人力资源和社会保障局制

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| **一、单位基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.单位名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2.书面审查编号 | | | | | | | | | |  | | | | | | | |
| 3.注册地址 | | 温岭市 镇（街道） 村 路 号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4.邮政编码 | | | | | |  | | | | |
| 5.经营地址 | | 温岭市 镇（街道） 村 路 号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6.邮政编码 | | | | | |  | | | | |
| 7.\*管辖区划 | | 台州 | | | | | | | | 市 | | 温岭 | | | | | | | （市）县（区） | | | | | | 镇（街道） | | | | | | | | | | | | | | 行政村 | | | | | | | | | |
| 二、注册登记信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.机构类型 |  | | | | | | | | 2.经济类型 | | | | | | | |  | | | | | 3.行业类型 | | | | | | |  | | | | | 4.注册资金 | | | | | | | |  | | | | | | 万元 |
| 5.注册登记机关 | | | |  | | | | | | | | | | | | | | | 6.注册登记号码 | | | | | | | |  | | | | | | | | | | | | 7.开办时间 | | | | | | |  | | |
| 8.经营状态 |  | | | | | | 9.主管部门 | | | | | | | |  | | | | | | 10.特别标注 | | | | | | | |  | | | | | | 11.组织机构代码 | | | | | | | | | |  | | | |
| 12.社保登记证号 | | | |  | | | | | | | | | 13.社保编号 | | | | | | | |  | | | | | | | 14.开户银行及帐号 | | | | | | | | | | |  | | | | | | | | | |
| 三、联系信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1①法定负责人 | | |  | | | | | | | | | | | | ②证件种类 | | | | | | |  | | | | | | | | ③证件号码 | | | | | | | | | |  | | | | | | | | |
| ④办公电话 | | |  | | | | | | | | | | | | ⑤移动电话 | | | | | | |  | | | | | | | | ⑥电子邮箱或QQ号码 | | | | | | | | | | | |  | | | | | | |
| 2①人力资源主管 | | | | |  | | | | | | | | | | ②证件种类 | | | | | | |  | | | | | | | | ③证件号码 | | | | | | | | | |  | | | | | | | | |
| ④办公电话 | | |  | | | | | | | | | | | | ⑤移动电话 | | | | | | |  | | | | | | | | ⑥电子邮箱或QQ号码 | | | | | | | | | | | |  | | | | | | |
| 3①人力资源经办人 | | | | | |  | | | | | | | | | ②职务 | | | | | | |  | | | | | | | | ③传真 | | | | | | | | | |  | | | | | | | | |
| ④办公电话 | | |  | | | | | | | | | | | | ⑤移动电话 | | | | | | |  | | | | | | | | ⑥电子邮箱或QQ号码 | | | | | | | | | | | |  | | | | | | |
| 4①工会负责人 | | |  | | | | | | | | | | | | ②办公电话 | | | | | | |  | | | | | | | | ③电子邮箱或QQ号码 | | | | | | | | | | | |  | | | | | | |
| 四、关联单位信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.\*单位名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2.\*关系类别代码 | | | | | | | | | |  | |
| 五、书审单位信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.单位名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.单位地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5.邮政编码 | | | | | |  | | | | | |
| 6.单位联系电话 | | | |  | | | | | | | | | | | | 7.其他联系方式 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **㈠单位从业人员总数** | | | | | | | |  | | | | | | 1.其中：女性 | | | | | | | | |  | | | 2.未成年人 | | | | | | | |  | | | | | 3.农村劳动力 | | | | | | | |  | |
| 4.外来劳动力 | |  | | | | | | （一）在岗职工 | | | | | | | | | |  | | | | | 1、行政事业编制人员 | | | | | | | | | |  | | | | | | 2、全日制用工 | | | | | | | |  | |
| 3、非全日制用工 | | |  | | | | | | | | | | | （二）其他从业人员 | | | | | | | | | |  | | | | | | | | 1.其中：聘用离退休人员 | | | | | | | | | | | | | | |  | |
| 2.聘用港澳台外籍人员 | | | | | | | | |  | | | | | | | 3.借用、委派人员 | | | | | | | |  | | | | | | | | 4.使用的劳务派遣人员 | | | | | | | | | | | | |  | | | |
| 5.使用在校实习生 | | | | | |  | | | | | | | | | | **㈡离开本单位仍保留劳动关系的职工人数** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| ①其中：内部退养、待岗职工 | | | | | | | | | | |  | | | | | | | | | ②长期病、休假职工 | | | | | | | | | |  | | | | | | ③借出、委派人员 | | | | | | | | | |  | | |
| ④劳务派遣派出人员 | | | | | | |  | | | | | | | | **㈢单位从业人员变动情况** | | | | | | | | | | | | | |  | | | | | | | （一）增加人数 | | | | | | | |  | | | | |

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| 1、招收录用 | | | |  | | | | | | | | | | 2、调入 | | | | | | | | | | | | | |  | | | | | | | | | | 3、借用、委派 | | | | | | | | | | | |  | | | | | | | | | | | | | 4、劳动力派遣 | | | | | |  | | | | | | | | | | | | |
| 5、其他 | | |  | | | | | （二）减少人数 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | 1、离退休、退职 | | | | | | | | | | | | |  | | | | | | | | | | | | | | 2、终止、解除 | | | |  | | | | | | | | | | | | |
| 3、调出 | | |  | | | | | 4、借出、派出 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | 5、其他 | | | | | |  | | | | | | | | | | | | （三）解除、终止情况 | | | | | | | | | | | | | **——** | | | | | | | | | | | | |
| 1.终止、解除劳动合同后是否按规定办理手续 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | 2.是否按规定支付经济补偿金、赔偿金 | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | |
| 3.支付经济补偿金人数 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 4.支付经济补偿金金额 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 5.支付赔偿金人数 | | | | | | | | |  | | | | | | | | | | |
| 6.支付赔偿金金额 | | | | | | |  | | | | | | | | | | | | | | | | **㈣劳动合同情况** | | | | | | | | | | | | | | | | | | —— | | | | | | | | | | | | | （一）签订劳动合同人数 | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 1.其中：无固定期限 | | | | | | | | |  | | | | | | | | | | | | | | | 2.固定期限2年以上（含） | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 3.固定期限2年以下 | | | | | | | | | |  | | | | | | | | | | |
| 4.完成一定任务为期限 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 5.非全日制 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 6.港澳台外籍人员 | | | | | | | | | |  | | | | | | | | | | |
| （二）招录用过程有关情况 | | | | | | | | | | | | | | | | | | —— | | | | | | | | | | | | | | | | | 1.已办录用备案人数 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 2.其中：全日制 | | | | | |  | | | | | | | | | | |
| 3.非全日制 | | | |  | | | | | | 4.已办境外就业证人数 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 5.其中一份劳动合同文本是否交劳动者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | |
| 6.是否违法收取（扣押）财物、证件或档案 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | **㈤工资支付情况** | | | | | | | | | | | | | | | | | | | （一）基本情况 | | | | | | | | | | —— | | | | | | | | | | |
| 1.月工资支付日期 | | | | | |  | | | | 2.工资发放主要形式 | | | | | | | | | | | | | | | | | | | | 现金□银行□ | | | | | | | | | | | | | | | 3.工资计算方式 | | | | | | | | | | | | | | | | | | | |  | | | 4.计时工资人数 | | | | | | | | | | | | |  |
| 5.计件工资人数 | | | | | |  | | | | | | | | | | | | | | | | 6.是否拖欠、克扣工资 | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | | | 7.是否按规定支付加班工资 | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | |
| 8.未达到最低工资标准人数 | | | | | | | | | | | | | | |  | | | | | | | | | | （二）从业人员劳动报酬总额 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | 1、在岗职工报酬总额 | | | | | | | | | | | | |  | | | | | | |
| ①其中：全日制 | | | | | |  | | | | | | | | | | | | | | | | | ②非全日制 | | | | | | | | | | | | | | | |  | | | | | | | | | | 2、其他从业人员报酬总额 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 其中：使用的劳务派遣人员报酬总额 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **㈥工作时间及休息休假** | | | | | | | | | | | | | | | | | | | | 1.实行标准工作时间人数 | | | | | | | | | | | | | | |  | | | | | | | | | |
| 2.实行综合计时工时制人数 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 3.实行不定时工时制人数 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | 4.审批机关及时效 | | | | | | | | |  | | | | | | | | | | |
| 5.是否按规定执行带薪年休假 | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | | | | | | 6.延长工作时间是否与工会和劳动者协商 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | | | |
| 7.延长劳动者日工作时间是否超过 3小时 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | 8.延长劳动者月工作时间是否超过36小时 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | |
| **㈦职业培训** | | | | | （一）技术工种从业人员数 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | （二）持职业资格证书人数 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 1、高级技师 | | | | | | | | | |  | | | |
| 2、技师 | |  | | | | | | | | 3、高级工 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 4、中级工 | | | | | | | |  | | | | | | | | | | | | | | | | | | 5、初级工 | | | |  | | | | | | | | | | | | |
| （三）人力资源管理人员人数 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 其中：持证上岗人数 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **㈧社会保险参保情况** | | | | | | | | | | | | | | |
| （一）养老保险参保人员总数 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | ①其中：在外单位参保人数 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | ②按个体参保人数 | | | | | | | |  | | | | | | | | | |
| 1、在县级经办机构参保人数 | | | | | | | | | | | | | | | | | | | |  | | | | | | 2、在市级经办机构参保人数 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | 3、在省级经办机构参保人数 | | | | | | | | | | | | | | | | | | | |  | |
| 其中：原行业统筹参保人数 | | | | | | | | | | | | | | | |  | | | | | | | | | | （二）失业保险参保人数 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | （三）工伤保险参保人数 | | | | | | | | | | | | | | | |  | | | | | |
| （四）医疗保险参保人数 | | | | | | | | | | |  | | | | | | | | | | | | | | | | （五）生育保险参保人数 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 1.基本养老保险费工资申报金额 | | | | | | | | | | | | | | | | | | | |  | | |
| 2.基本医疗保险费工资申报金额 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 3.是否欠缴社会保险费 | | | | | | | | | | | | | | | | | | | 是否 | | | | | | | | | | | | | 4.历年欠缴金额 | | | | | | |  | | | | | | | | |
| **㈨其他** | 1.女职工、未成年工是否有从事国家规定禁忌从事的劳动 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | | | | 2.女职工是否享受规定的产假 | | | | | | | | | | | | | | | | | | | 是□否□ | | | | |
| 3.未成年工是否定期进行健康检查并备案 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | 4.劳动管理规章制度是否已报劳动保障部门备案 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | |
| 5.是否已签订集体合同 | | | | | | | | | | | | 是□否□ | | | | | | | | | | | | | | | 6.签订集体合同是否已报劳动保障部门审查 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | | |
| 7.是否签订工资协议 | | | | | | | | | | | | 是□否□ | | | | | | | | | | | | | | | 8.工资协议是否已报劳动保障部门审查 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是□否□ | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| 9.用人单位自评结果(有A、B、C或失信四个级别）自评分数 分 | |  |
| 信 用 承 诺  现声明，本《报告书》内所有填报数据均为我单位真实情况，如有虚假，我单位愿按照《劳动保障监察条例》第三十条第二项规定承担相应法律责任。  特此承诺。  法定代表人（负责人）签字：  （单位公章） 年 月 日 | | |
| **劳动保障书审意见** | | |
| 主管部门或镇街道劳动保障所审查并提出信用定级建议 | 经审查该用人单位被定为2008年度劳动保障书面审查信用等级 级单位。  （盖章） 2009年 月 日 | |
| 劳动保障行政部门核准意见 | 经审查该用人单位被定为2008年度劳动保障书面审查信用等级 级单位。  （盖章） 2009年 月 日 | |
| **填表说明及注意事项：**  1.此表为 A4 纸，可到当地劳动保障监察机构领取或到网站下载（http://new.wl.gov.cn/col/col1551604/index.html→下载专栏→用人单位劳动和社会保障书面审查报告书）。此表一式二份，按规定时间报劳动保障监察机构审查； 2.用人单位名称请严格按照注册登记证件填写全名；  3.主管部门栏由事业单位和社会团体填写；  4.关联单位较多的，可另附表；关联关系栏请填写代码：①相同组织机构不同名称 ②办事机构的派出单位 ③母公司 ④总公司 ⑤控股法人单位 ⑥劳动派遣单位 ⑦劳务外包单位 ⑧其他关联单位；  5.电话格式为区号-号码-分机号，如温岭某单位电话为0576-86241919-003；  6.工资发放形式栏填写代码：①现金 ②银行卡；  7.单位必须对本表中所填写内容的真实性负责，劳动保障监察机构将根据具体情况抽查核实。如发现有弄虚作假等行为的，将依据《劳动保障监察条例》等有关规定处理。  **联系人：林琳 咨询电话：86241919 电子邮件：** 29899812@qq.com | | |

附件 2

各级书面审查机构地址及联系电话

|  |  |  |
| --- | --- | --- |
| 区 域 | 地 址 | 电 话 |
| 温岭市劳动保障监察大队 | 太平街道人民中路285弄5号 | 86241919 | |
| 太平街道劳动保障所 | 太平街道鸣远路128号206室 | 89930539 | |
| 城东街道劳动保障所 | 城东街道万昌中路718号323 | 86169277 | |
| 城西街道劳动保障所 | 城西街道九龙大道800号 | 89960829 | |
| 城北街道劳动保障所 | 城北街道中马路129号101室 | 86916122 | |
| 横峰街道劳动保障所 | 横峰街道办事处 | 86957262 | |
| 泽国镇劳动保障所 | 泽国镇二环路 | 86441225 | |
| 大溪镇劳动保障所 | 大溪镇人民政府103室 | 86326620 | |
| 松门镇劳动保障所 | 松门镇育英西路258号125室 | 82830789 | |
| 箬横镇劳动保障所 | 箬横镇箬横大道168号 | 86898060 | |
| 新河镇劳动保障所 | 新河镇市民大道219号 | 86555093 | |
| 石塘镇劳动保障所 | 石塘镇人民政府108室 | 86726303 | |
| 滨海镇劳动保障所 | 滨海镇镇海路1号 | 86508092 | |
| 温峤镇劳动保障所 | 温峤镇中心大道888号 | 86968976 | |
| 城南镇劳动保障所 | 城南镇下许三路518号 | 86266773 | |
| 石桥头镇劳动保障所 | 石桥头镇龙岗路98号 | 86288005 | |
| 坞根镇劳动保障所 | 坞根镇文体路1号 | 86908905 | |
| 东部新区劳动保障监察中队 | 东部产业集聚区管委会1号楼1112 | 82832129 | |

附件 3

网上书面审查操作手册

1．企业登录登陆http://96309.zjhrss.gov.cn，点击“书面审查申报”，进入申报平台，输入用户名、密码（用户名为企业名称，密码默认为888888）。





2．单位用户登录后，选择【书面审查申报】进行在线申报，如下图所示：进入“书面审查申报”页面，依次填写各项内容（显示红色的项目为必填项）。



3．信息填写完成后，可以进行【暂存草稿】操作，也可以直接进行【提交】业务人员审核，如下图所示:



4．企业可以进入浙江省劳动保障公共服务平台点击“书面审查进度查询”查看进度情况，也可以点击“信用等级查询”查询历年的诚信等级情况。

信息公开选项：主动公开

抄送：台州市人力资源和社会保障局。

温岭市人力资源和社会保障局办公室 2019年6月28日印发