様式第13号（附則第３項関係）

国民健康保険傷病手当金支給申請書（事業主記入用）

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| 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状況等をご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| 令和　　 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　 年　 月 | | | | | 1　 2 　3 　4 　5 　6 　7 　8 　9 　10 　11 　12 　13 　14 　15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16　17　18　19　20　21　22　23　24　25　26　27　28　29　30　31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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×】、【その他の休暇（賃金が生じる）は＝】、【その他の休暇（賃金が生じない）は／】**でそれぞれ表示してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 賃金が生じた日数の計 （○、△、＝　の計） | | | | | | | | | | | | | | | | | | | | | |
| 令和　　 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　 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  ２．いいえ | | | | | | 給与の種類 | | | | □ 月給 | | | | | | □ 時間給 | | | | 賃金計算 | | | | | | | | | 締　日 | | | | | | | | | | | | | 日 | | | | | | | | | | | | |
| □ 日給 | | | | | | □ 歩合給 | | | | 支払日 | | | | 1.当月  2.翌月 | | | | | | | 日 | | | | | | | | | | | | | | |
| □日給月給 | | | | | | □ その他 | | | |
| ②の期間の課税対象となる賃金支給状況をご記入ください。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　～ | | | | | | | | | | | | | 月　　　日　～ | | | | | | | | | | | | | | | | | | | |
| 月　　　日　分 | | | | | | | | | | | | 月　　　日　分 | | | | | | | | | | | | | 月　　　日　分 | | | | | | | | | | | | | | | | | | | |
| （A）支給額（円） | | | | | | | | | | | | （B）支給額（円） | | | | | | | | | | | | | （C）支給額（円） | | | | | | | | | | | | | | | | | | | |
| 基本給 |  | |  | | |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |  |  | | |  |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 時 　給 |  | |  | | |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |  |  | | |  |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 手当 |  | |  | | |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |  |  | | |  |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 手当 |  | |  | | |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |  |  | | |  |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 手当 |  | |  | | |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |  |  | | |  |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 手当 |  | |  | | |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |  |  | | |  |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 現物給与 |  | |  | | |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |  |  | | |  |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 計 |  | |  | | |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |  |  | | |  |  | |  | | |  | | |  | |  | |  | |  | |  | |  |
|  |  | | | | | | | | | | | | | 賃金支給総額（上記（A）～（C）の合計） | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | |  | |  | |  | |  | | 円 | |
| 賃金計算方法（欠勤控除計算方法等）についてご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　　　　年　　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり相違ないことを証明します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |