附件4

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 律师事务所从业人员参加社会保险情况表 | | | | | | | | | | |
| 单位名称（盖章）： | | | | | |  | | 负责人(签名): | |  | |  |  |
| 律所总人数 | | |  | | | | | 参保总人数 |  | |
| 专职律师参保人数 | | |  | | | | | | | |
| 序号 | 姓名 | | | 参保起止期间 | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
| 实习律师参保人数 | | |  | | | | | | | |
| 序号 | 姓名 | | | 参保起止期间 | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
| 行政辅助人员参保人数 | | | | |  | | | | | |
| 序号 | 姓名 | | | 参保起止期间 | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
|  |  | | |  | | | | | | |
| 未参保人员人数 | |  | | | | | | | | |
| 序号 | 姓名 | | | 人员类型 | | | 未参保原因 | | | |
|  |  | | |  | | |  | | | |
|  |  | | |  | | |  | | | |
|  |  | | |  | | |  | | | |
|  |  | | |  | | |  | | | |
|  |  | | |  | | |  | | | |

注：1、律师事务所应如实填报本表，并由律师事务所盖章，负责人签字，对本表的真实性承担责任；

2、“参保起止期间”指参保个人在律所参保的起止时间，截止到提交表格的当月；

3、“人员类型”指聘用人员工作类型，可填“专职律师”“兼职律师”“实习律师”“行政人员”等;

4、参保总人数与未参保人数之和应为律所总人数。