**中国教育工会温州市委员会文件**

温教工[2018]41号

**关于要求做好2018年度困难教职工摸底**

**调查工作的通知**

各县（市、区）教育工会、各基层工会：

为扎实做好贫困教职工情况摸底排查，确保贫困教职工摸准摸实，实现精准帮扶，做到底数精准、原因精准、解困精准的帮扶目标。现将有关事项通知如下：

一、摸底调查工作对象

县（市、区）级或以上教育行政部门主办的各级各类全日制学校、单位因病因灾致困的在职教职工。

二、帮扶条件与标准

1．教职工本人因患重大疾病，在医保定点医院认可范围内的年治疗费个人负担部分过重的给予补助；教职工家庭因自然灾害（如地震、台风等）或突发事故（如交通事故、火灾等）造成家庭贫困的，酌情给予一次性补助；

2．教职工因配偶患重病支付巨额医疗费用，造成家庭特别贫困的，一般给予一次性慰问金。

三、摸底调查工作要求

1．各基层工会要深入调查，准确掌握本单位的特困教职工的基本信息，实事求是地填写温州市困难教职工帮扶申请表、患病经过及费用情况说明，并如实提供相关凭证台帐（因病致困教师需提供社保结算清单、自费治疗费药费票据，因灾致困教师需提供受灾情况照片等复印件材料）。各基层工会和直属学校单位务必在2018年11月20日前将温州市困难教职工帮扶申请表、患病经过及费用情况说明、温州市困难教师档案汇总表和相关凭证台帐上报市教育工会，同时上报电子稿。要求高度重视，严格把关，确保数据准确无误，凭证台帐齐全。

联系人：陈佩婷，

手机：13867702768（672768）

邮箱：326468417＠qq．com

联系人：吴家杰，

手机：13705775112（668473）

邮箱：714601044@qq.com。

2．市教育局和市教育工会于2018年12月20日前组织相关人员到各县（市、区）、直属学校（单位）对特困教职工进行调查核实。

附件：

1.2018年度温州市困难教职工名额分配表

2．个人需上报的材料：（1）2018年度温州市困难教师帮扶申请表；（2）相关凭证汇总；（3）患病经过及费用情况说明。3.2018年度温州市困难教职工档案汇总表。

中国教育工会温州市委员会

2018年10月18日

抄送：省教育工会，市总工会，市教育局。

中国教育工会温州市委员会 2018年10月18日印发

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件1：  2018年度温州市困难教职工名额分配表   |  |  |  | | --- | --- | --- | | 单位 | 名额（人） | 备注 | | 鹿城区 | 6 |  | | 龙湾区 | 3 |  | | 瓯海区 | 6 |  | | 洞头区 | 3 |  | | 浙南产业 | 2 |  | | 乐清市 | 10 |  | | 瑞安市 | 12 |  | | 永嘉县 | 10 |  | | 文成县 | 7 |  | | 平阳县 | 10 |  | | 泰顺县 | 7 |  | | 苍南县 | 12 |  | | 市直属 | 12 |  | | 合 计 | 100 |  |   附件2： （1）**温州市困难教师帮扶申请表**  申报时间：   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 | |  | 性 别 |  | 工作单位 | |  | | | 参加工作 时 间 | |  | 家庭人口 |  | 家庭住址 | |  | | | 本人月 均收入 | |  | 是否 单亲 |  | 身份证号码 | |  | | | 是否党员 | |  | 最高 荣誉 |  | 联系电话 | |  | | | 符合医保自负金额 | |  | 自购 药费 |  | 困难原因 简述 | |  | | | 家 庭 情 况 | | | | | | | | | | 称呼 | 姓名 | | 工 作 单 位 | | | | | 备  注 | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | | 学校（单位）工会意见 | （盖章）  年 月 日 | | | | 各县（市、区）困难教师帮扶中心意见 | （盖章）  年 月 日 | | | | 市困难教师帮扶中心意见 | （盖章）  年 月 日 | | | | | | | |   注: 1.此表一式二份，报各县（市、区）困难教师帮扶中心。  2.各县（市、区）困难教师帮扶中心填写汇总表（同时上传电子稿714601044@qq.com），所有资料一份审核盖章后，统一装在档案袋里于2018年11月20前送交市困难教师帮扶中心审核，逾期恕不受理。  附件2： （2）**患病经过及费用情况说明**   |  | | --- | | 本人签各： |   附件2： **（3）相关凭证汇总**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 序号 | 日期 | 凭证名称 | 金额 | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | |  |  |  |  | | | 注： 1.住院（门诊）治疗请以社保结算清单为准。 | | | | | 2.自费部分请附票据等。 | | |  | | 3.上交此表时，同时提供复印件（按顺序整理）待审核。 | | | | |

附件3： **2018年度温州市困难教职工档案汇总表**

单位（盖章） 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性别 | 出生年月 | 工作单位 | 是否单亲 | 是否党员 | 往年帮扶金额（元） | 符合医保自负金额（元） | 自购药费金额（元） | 帮扶中心给予帮扶金额（元） | 困难主要原因 简述 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |