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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 育児休業期間延長承認通知書 | | | | | | | | | 年　　月　　日 | | | | | | | | | |  |  |  | | | | | | | 様 | |  | |  |  | | | | | 札幌市長 |  | |  | | | | | | | | 年　　月　　日付けで承認の請求のあった育児休業の期間延長については、下記のとおり承認する。 | | | | | | | | 記 | | | | | | | | |  | | | | | | | | | １　養育する子 | | | | | | | | |  | 子の氏名 | |  |  | | | | | 生年月日 | |  |  | | | | | 続柄等 | |  |  | | | | |  | | | | | | | | ２　育児休業期間 | |  | | | | | | |  |  | から | | |  | まで | | |  | ※　当初期間  　　　　　　　　　　　　　 から　　　　　　まで | | | | | | | |  | | | | | | | | | 注１　育児休業期間中は、給与・手当の支給がありません。札幌市職員共済組合の育児休業手当金の支給対象となる場合には、共済組合に申請を行ってください。なお、雇用保険の育児休業給付金の支給対象となる場合には、雇用保険による支給が優先されます。  ２　共済掛金の免除対象に該当する場合は、共済組合に掛金免除の申請をしてください。  　３　休業期間中に子を常態として養育しなくなった場合や育児休業の期間を変更したい場合には、速やかに所属まで連絡してください。  　備考　この様式により難いときは、この様式に準じた別の様式を使用することができる。 | | | | | | | | |