様式第1号（第9条の6関係）

扶養親族届

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| 所属長 | | 任命権者　様 | | | | | | | | | | | | | | |
|  | | 丸亀市職員の給与に関する条例施行規則第9条の6第1項の規定に基づき届け出ます。 | | | | | | | | | | | | | | |
| ※　　年　　月　　日受理 | | | | | | | | | | | | | | |
|  | | | | | | | | | | | 提出年月日 | | | 年　 月　 日 | | |
| 所属部課名 | | |  | | |
| 職氏名 | | |  | | |
| 今回届出に係る扶養親族 | | | | | | | | | | 現在手当の支給対象となっている親族 | | | | | | |
| 氏名 | 続柄 | | 年齢 | 生年月日 | 同居  ・  別居 | 年収額（職業） | | 異動年月日 | 異動理由 | 氏名 | | 続柄 | 年齢 | | 生年月日 | 支給額 |
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