|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | | 管理№ | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 育児・介護のための深夜業制限請求書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 殿 | | | | | |  |  |  |  |  |  | |  | |  | | 請求日 | | | | 年　　月　　日 | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | 所属 | | | |  | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | 社員番号 | | | |  | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | 氏名 | | | |  | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 私は、会社の定める育児・介護休業等に関する規則に基づき、下記のとおり（ □育児　・　□介護 ）のための | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 深夜業の制限を請求します。 | | | | | |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  |  |  |  |  | 記 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | | | | | | | | | | | | 育児 | | | | | | | | | | 介護 | | | | | | | | |
| １．請求に係る | | | | | （１）氏名 | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| 家族の状況 | | | | | （２）生年月日 | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  | | | | | （３）本人との続柄 | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| （４）養子の場合、縁組成立  　　　　の年月日 | | | | | | | 年  　　　月　　　日 | | | | | | | | | |  | | | | | | | | |
| （５）（１）の子が特別養子  縁組の監護期間中の子・養子  縁組里親に委託されている子・  養子里親委託された子の場合  その手続きが完了した年月日 | | | | | | | 年  　　　月　　　日 | | | | | | | | | |  | | | | | | | | |
| （６）介護を必要とする理由 | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|
| ２．育児の場合１の | | | | | （１）氏名 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 子が生まれていない場 | | | | | （２）出産年月日 | | | | | | |  | | | | 年 | |  | | 月 | |  | | 日 | |  | | | | |
| 合の出産予定状況 | | | | | （３）本人との続柄 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ３．制限期間 | | | | | 年　　　　月　　　　日　　から　　　　　　　年　　　　月　　　　日　　まで | | 年 |  | 月 |  | | 日　から | | | |  | | | | 年 | |  | | 月 | |  | | 日 |  |
| ４．請求に係る | | | | | 制限期間開始までの１か月前に請求をして | | | | | | | | | | | | | | | □ | | いる | |  | | □ | | いない | | |
| 状況 | | | | | （いない場合は請求が遅れた理由を下記へ記載すること） | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （総務使用欄） | | | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |
|  | | | | | |  | | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |