

施設外就労実施報告書

(あて先)新潟市長 様

(報告者)

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| 事業所番号 | |
| 事業所名 | |
| 管理者氏名 | |

H30 年 8 月提供分の施設外就労実績について、以下のとおり報告します。

| サービス種類 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|
| 施設外就労先 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用者氏名 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 計 | |
| | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | | |
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| | 利用者数 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 配置職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
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※ この報告書は、提供月ごと、施設外就労先ごとに作成するものし、施設外就労を行った翌月15日までに新潟市障がい福祉課 就労支援係へFAXまたはメールで提出してください。
 → FAX 025-223-1500 (送信書不要) 就労支援係 行
 → Mail shogai.wl@city.niigata.lg.jp 就労支援係 行

施設外就労実施報告書

(あて先)新潟市長 様

(報告者)

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|-------|-------------|
| 事業所番号 | 15VVVVVVVV |
| 事業所名 | ワークセンターにいがた |
| 管理者氏名 | 〇〇 〇〇 |

H30 年 8 月提供分の施設外就労実績について、以下のとおり報告します。

| サービス種類 | | 就労継続支援B型 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 施設外就労先 | | 株式会社 大阪屋 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用者氏名 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 計 | |
| | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | 月 | 火 | 水 | 木 | 金 | | |
| ◇◇ ◇◇ | ○ | ○ | ○ | | | ○ | ○ | ○ | ○ | ○ | | | | ○ | | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ | | | ○ | ○ | | ○ | ○ | 20 | |
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| 利用者数 | 5 | 4 | 5 | 0 | 0 | 5 | 4 | 5 | 5 | 4 | 0 | 0 | 0 | 5 | 4 | 5 | 5 | 0 | 0 | 5 | 4 | 4 | 4 | 5 | 0 | 0 | 5 | 4 | 4 | 4 | 5 | 100 | |
| 配置職員 | 職業指導員 ◇◇ ◇◇ | | ○ | ○ | ○ | ○ | | | | | | | | | | | | | | | | | ○ | ○ | ○ | ○ | ○ | | | | | 10 | |
| | 職業指導員 ◆◆ ◆◆ | | | | | | | | ○ | ○ | ○ | ○ | ○ | | | | | | | | | | | | | | | | ○ | ○ | | | 7 |
| | 生活支援員 ◇◇ ◇◇ | | | | | | | | | | | | | | | | | ○ | ○ | ○ | ○ | | | | | | | | | | | | 4 |
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| その他 | 7月31日で契約期間終了。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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