Приложение № 1

УТВЕРЖДЕНА

приказом Фонда пенсионного и социального

страхования Российской Федерации

от 16.01.2024

№ 28

Форма

От

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 (полное или сокращенное (при наличии) наименование организации (обособленного подразделения), фамилия, имя, отчество (при наличии) индивидуального предпринимателя или физического лица, не признаваемого индивидуальным предпринимателем)

**Заявление**

**о возмещении расходов на оплату дополнительных выходных дней, предоставляемых для ухода за детьми-инвалидами одному из родителей (опекуну, попечителю)**

В соответствии с пунктом 2 Правил возмещения территориальным органом Фонда пенсионного и социального страхования Российской Федерации страхователю расходов
на оплату дополнительных выходных дней, предоставляемых для ухода за детьми-инвалидами одному из родителей (опекуну, попечителю), утвержденных постановлением Правительства Российской Федерации от 9 августа 2021 г. № 1320, прошу возместить расходы на оплату дополнительных выходных дней, предоставляемых для ухода за детьми-инвалидами одному
из родителей (опекуну, попечителю) (далее – дополнительные выходные дни):

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 в сумме рублей копеек, в том числе:  - по уплате страховых взносов:

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 в сумме рублей копеек  - по оплате дополнительных выходных дней:

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 в сумме рублей копеек

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|  | **11. Сведения о родителе (опекуне, попечителе):** |  |  |  |  |  |  |  |  |  |

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество (при наличии) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Страховой номер

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| индивидуального лицевого счета  |  |  |  |  | - |  |  |  | - |  |  |  |  |  |  |

Статус лица («1» - мать; «2» - отец; «3» - опекун; «4» - попечитель)

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| **Сведения о ребенке:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество (при наличии) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Дата рождения ребенка (дд-мм-гггг):

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Страховой номер индивидуального лицевого

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| счета ребенка  |  |  |  | - |  |  |  | - |  |  |  |  |  |  |  |

**Сведения о справке, подтверждающей инвалидность:**Номер справки

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Дата справки (дд-мм-гггг):

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Дата установления инвалидности (дд-мм-гггг):

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Инвалидность установлена на срок до (дд-мм-гггг):

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**Сведения о приказе (приказах) о предоставлении дополнительных выходных дней\*:** Номер приказа: Дата приказа (дд-мм-гггг):

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**Месяц, год и количество дополнительных выходных дней, фактически предоставленных\*\*:** Месяц Год Количество Средний дневной  дней заработок

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Количество предоставленных дополнительных выходных дней:

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Суммарное количество рабочих часов, которые приходились на предоставленные дополнительные выходные дни:

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**Месяц, год, за который дополнительные выходные дни не были использованы,** **и количество накопленных дополнительных выходных дней, не использованных обоими родителями (опекунами, попечителями) \*\*\*:** Месяц Год Количество  дней

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Количество накопленных дополнительных выходных дней:

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Суммарное количество рабочих часов, которые приходились на предоставленные дополнительные выходные дни:

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 \* Заполняются в случае направления заявления в электронном виде.\*\* Заполняются при предоставлении четырех дополнительных выходных дней.\*\*\* Заполняются при предоставлении до двадцати четырех дополнительных выходных дней.**Месяц, год и количество накопленных дополнительных выходных дней, фактически предоставленных\*\*\*:** Месяц Год Количество Средний дневной  дней заработок

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Количество предоставленных накопленных дополнительных выходных дней,

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Суммарное количество рабочих часов, которые приходились на предоставленные дополнительные выходные дни:

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|  | **2. Сведения о родителе (опекуне, попечителе):** |  |  |  |  |  |  |  |  |  |

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|  Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество (при наличии) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 Страховой номер

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| индивидуального лицевого счета  |  |  |  |  | - |  |  |  | - |  |  |  |  |  |  |

Статус лица («1» - мать; «2» - отец; «3» - опекун; «4» - попечитель)

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| **Сведения о ребенке:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество (при наличии) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*\*\* Заполняются при предоставлении до двадцати четырех дополнительных выходных дней.Дата рождения ребенка (дд-мм-гггг):

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Страховой номер индивидуального лицевого

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| счета ребенка  |  |  |  | - |  |  |  | - |  |  |  |  |  |  |  |

**Сведения о справке, подтверждающей инвалидность:**Номер справки

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Дата справки (дд-мм-гггг):

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Дата установления инвалидности (дд-мм-гггг):

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Инвалидность установлена на срок до (дд-мм-гггг):

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**Сведения о приказе (приказах) о предоставлении дополнительных выходных дней\*:** Номер приказа: Дата приказа (дд-мм-гггг):

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|  |  | от |  |  | - |  |  | - |  |  |  |  |

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|  |  | от |  |  | - |  |  | - |  |  |  |  |

**Месяц, год и количество дополнительных выходных дней, фактически предоставленных\*\*:** Месяц Год Количество Средний дневной  дней заработок

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | руб. |  |  | коп. |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | руб. |  |  | коп. |

Количество предоставленных дополнительных выходных дней:

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Суммарное количество рабочих часов, которые приходились на предоставленные дополнительные выходные дни:

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| --- | --- | --- |
|  |  |  |

\* Заполняются в случае направления заявления в электронном виде.\*\* Заполняются при предоставлении четырех дополнительных выходных дней.**Месяц, год, за который дополнительные выходные дни не были использованы,** **и количество накопленных дополнительных выходных дней, не использованных обоими родителями (опекунами, попечителями) \*\*\*:** Месяц Год Количество  дней

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 Количество накопленных дополнительных выходных дней:

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 Суммарное количество рабочих часов, которые приходились на предоставленные дополнительные выходные дни:

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 **Месяц, год и количество накопленных дополнительных выходных дней, фактически предоставленных\*\*\*:** Месяц Год Количество Средний дневной  дней заработок

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | руб. |  |  | коп. |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | руб. |  |  | коп. |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | руб. |  |  | коп. |

Количество накопленных дополнительных выходных дней:

|  |  |
| --- | --- |
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Суммарное количество рабочих часов, которые приходились на предоставленные дополнительные выходные дни:

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| Численность получателей всего, чел.  |  |  |  |

Заверенные копии приказов о предоставлении дополнительных

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выходных дней прилагаются на листах\*\*\*\*: |

\*\*\* Заполняются при предоставлении до двадцати четырех дополнительных выходных дней.

\*\*\*\* Заполняется в случае направления заявления на бумажном носителе.

**Сведения о страхователе:**

Регистрационный номер

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Идентификационный номер налогоплательщика/ Код причины постановки на учет

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Фамилия, имя, отчество (при наличии) руководителя

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Должность руководителя

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**Банковские реквизиты для перечисления средств на возмещение расходов на оплату дополнительных выходных дней:**

Наименование организации получателя (для платежного поручения):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Наименование банка:

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 Счет №

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Банковский идентификационный код (БИК)

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 Лицевой счет бюджетной организации, который открыт в органах Федерального

 казначейства в соответствии с бюджетным законодательством Российской Федерации

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Код бюджетной классификации (для бюджетных организаций)

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**Заявление представил:**

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(должность, фамилия, имя, отчество (при наличии) уполномоченного представителя организации (обособленного подразделения), фамилия, имя, отчество (при наличии) индивидуального предпринимателя (его уполномоченного представителя) либо фамилия, имя, отчество (при наличии) физического лица (его уполномоченного представителя), не признаваемого индивидуальным предпринимателем)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ М.П.

 (подпись) (дата) (при наличии)

(или усиленная квалифицированная электронная подпись страхователя (его уполномоченного представителя) для подачи заявления в электронной форме)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  Контактный номер телефона

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 (с указанием кода) страхователя  (его уполномоченного представителя)  |

Адрес электронной почты

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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страхователя (его уполномоченного

представителя) (при наличии)

**Отметка территориального органа Фонда пенсионного и социального страхования Российской Федерации о принятии заявления**

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**Заявление принял:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 (должность, фамилия, имя, отчество (при наличии) (подпись) (дата)

|  |  |  |  |
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Код территориального органа Фонда пенсионного и

социального страхования Российской Федерации: