**ÉTAT DES SALARIÉS EMBAUCHÉS DANS L’ENTREPRISE AU COURS DU** ........... **TRIMESTRE 20** .....

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| RAISON SOCIALE DE L’EMPLOYEUR | ADRESSE DE L’EMPLOYEUR |
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NUMÉRO MATRICULE DE L’EMPLOYEUR

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|  | NOM ET PRENOM DU SALARIÉ(en capitales d’imprimerie) | EMPLOIet classification professionnelle | Chiffre 1SEXE Masculin ( M)Féminin (F) | DATE DENAISSANCE | LIEU DENAISSANCE

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| Ville /Village | Sous-préfectureou pays d’origine |

 | NOM DU PÈREdu salarié | NOM DE LA MÈRE du salarié | COLONNEréservée à l’office |
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1. Rayer les mentions et chiffres inutiles M : Masculin 1
2. Ne rien écrire dans les cases réservées à la codification F : Féminin 2