別紙様式２(添付書類１)

介護職員処遇改善計画書(事業所一覧表)

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| 法　人　名 |  |

　　都道府県名

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| 介護保険事業所番号 | | | | | | | | | | 事業所の名称 | サービス名 |
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| 届け出る指定権者ごとに該当する都道府県等分のみ記載 |  |  |  |  |  |  |  |  |  |  |  |
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| ページ数　　総ページ数  ／ |