別紙様式２(添付書類１)

介護職員処遇改善計画書(指定権者内事業所一覧表)

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| 法　人　名 |  |

　　福岡県介護保険広域連合

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| 介護保険事業所番号 | | | | | | | | | | 事業所の名称 | サービス名 | 介護職員処遇改善加算  見込額 | | 賃金改善の見込額 | |
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| 合計 | | | | | | | | | | ― | ― | **A** | 円 | **B** | 円 |  |  |  |  |  |  |  |  | 円 |

※　計画書を届け出る指定権者（都道府県又は市区町村）毎に記載すること。

※　A及びBは別紙様式２添付書類２の当該指定権者における金額と一致しなければならない。