様式第１号（第２条及び第４条関係）

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| 業務管理体制 | 整備  区分変更 | 届出書 |

　　　年　　　月　　　日

（宛先）高槻市長

主たる事務所の所在地：

事業者名称：

代表者の職・氏名：

介護保険法第１１５条の３２第２項及び第４項の規定に基づき、下記のとおり届け出ます。

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| 事業者（法人）番号 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 事業者情報 | ﾌﾘｶﾞﾅ 名称 |  | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 |  | | | | ＦＡＸ番号 | | | | | |  | | | | | | | | | | | |
| 法人の種別 |  | | | | | | | | | | | | | | | | | | | | | |
| 代表者 | 職名 |  | | ﾌﾘｶﾞﾅ  氏名 |  | | | | | | 生年月日 | | | | |  | | | | | | |
| 住所 | 〒 | | | | | | | | | | | | | | | | | | | | |
| 介護保険法施行規則第140条の40第1項に基づく届出事項 | | 第2号 | 法令遵守責任者の氏名（ﾌﾘｶﾞﾅ） | | | | | | | | | 生年月日 | | | | | | | | | | | |
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| 第3号 | 業務が法令に適合することを確保するための規程の概要 | | | | | | | | | | | | | | | | | | | | |
| 第4号 | 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | |

※区分変更がある場合のみ記入

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| 区分変更（※） | 区分変更前行政機関名称、担当部(局)課 |  | | | | | | | | | | | | | | | | | |
| 事業者（法人）番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 区分変更の理由 |  | | | | | | | | | | | | | | | | | |
| 区分変更後行政機関名称、担当部(局)課 |  | | | | | | | | | | | | | | | | | |
| 区分変更日 | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | |

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| 事業所数（みなし指定除く） | 合計　　　　　　　事業所 |

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| サービス | 事業所番号 | | | | | | | | | | 所在地 |
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