

National Taiwan University Contract Employee Unpaid Leave Application Form

Applicant's Name		ID No.		Job Title	
Service Unit (First- and Second-level Unit)		Employment Date	(yyyy/mm/dd)		
Mailing Address (Including ZIP code)	☐ ☐ ☐ (For mailing of official documents and self-paid labor and health insurance fee receipts)	Contact Number	(H): (O): (Mobile):		

1. Reason for application (*as per Article 13, Section 1 of the University's Contract Employee Service Rules*):

☐ Extended sick leave beyond the allowable period, already compensated with personal or special leave, yet recovery is incomplete. (*Item 1*)
☐ Military conscription by law. (*Item 2*)
☐ Parental leave, the child born on ____/____/____ (yyyy/mm/dd). (*Item 3*)
☐ Other special circumstances: _____. (*Item 4*)
☐ Extension of unpaid leave for the same reason (_____).
 The originally approved period is from ____/____/____ (yyyy/mm/dd) to ____/____/____ (yyyy/mm/dd).

2. Application time: From ____/____/____ (yyyy/mm/dd) to ____/____/____ (yyyy/mm/dd).

3. Reason for application (*Please briefly describe*):

Applicant's Signature		Date of Application	____ Year ____ Month ____ Date
Unit Director's Approval Seal		Dean's Seal	

The Personnel Department Review: (Integrated Affairs Division)

1. The employee is eligible to apply for unpaid leave according to Article 13, Section 1, Paragraph ____ of the University's Contract Employee Service Rules.

2. After approval by Dean, please proceed to the Personnel Department for further processing.

☐ The applicant is eligible to continue participation in labor and health insurance during the unpaid leave period, with associated costs to be covered by the employer under the designated individual account.

☐ If the applicant's requests for unpaid leave do not align with Article 9 of the Labor Insurance Act allowing for insurance continuance, the processing of insurance termination is proposed.

Processing Clerk: _____ Division Director: _____ Special Commissioner: _____ Director: _____

Accounting Office Opinion:

Processing Clerk: _____ Division Director: _____ Special Commissioner: _____ Director: _____

Secretariat		President	
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Remarks

★ Application procedure and important notes on rights for employees requesting unpaid leave: Please refer to the "Unpaid Leave Rights Section – Contract Employees" under the Personnel Department's homepage.

★ Required documents:

- For sick or injury leave exceeding the limit and not fully recuperated after being offset by personal leave or special leave: Medical diagnosis certification.
- For compulsory military service by law: Copy of military conscription order and personal identification documents.
- For parental leave: Proof of family relationship documents (such as a copy of the household registration).
- For other special circumstances requiring approval: Please attach relevant documentation based on the reason for application.

國立臺灣大學校聘人員留職停薪申請表

申請人姓名		員工編號		職稱	
服務單位 (一、二級單位)		任現職日期	年 月 日		
通訊地址 (含郵遞區號)	□□□ (公文及勞健保費本人負擔帳單郵寄用)	聯絡電話	(H): (O): (Mobile):		
一、申請事由(本校校聘人員工作規則第13條第1項): ☐ 普通傷病假逾限經以事假或特別休假抵充後仍未痊癒。(第1款) ☐ 依法應徵服兵役。(第2款) ☐ 育嬰,小孩 年 月 日出生。(第3款) ☐ 其他特殊情形: _____。(第4款) ☐ 以原事由(_____)申請延長留職停薪期間。 (原奉准期間為自 年 月 日起至 年 月 日止) 二、申請期間:自 年 月 日起至 年 月 日止。 三、申請原因:(請簡要敘述)					
申請人簽名		申請日期	年 月 日		
單位主管核章		一級主管核章			
人事室意見: (內會綜合業務組) 一、查該員符合本校校聘人員工作規則第13條第1項第__款得申請留職停薪規定。☐ 申請人符合留職停薪期間得繼續參加勞健保之規定,雇主負擔相關費用由其用人經費項下勾支。 二、陳奉鈞長核定後,請移送本室辦理後續事宜。☐ 申請人留職停薪事由非屬勞工保險條例第9條規定得繼續加保之情形,擬辦理退保。 承辦人: 組長: 專門委員: 主任:					
主計室意見: 承辦人: 組長: 專門委員: 主任:					
秘書室		校長			
備註	★申請留職停薪人員之申請流程及個人相關權益注意事項: 請至人事室首頁左側「留職停薪權益專區-校聘人員」項下參考。 ★應檢附證件: 1. 普通傷病假逾限經以事假或特別休假抵充後仍未痊癒:診斷證明文件。 2. 依法應徵服兵役:兵役徵集令影本、本人身分證明文件。 3. 育嬰留職停薪:親屬關係證明文件(如戶口名簿影本等)。 4. 其他因特殊情形呈請核准:請依申請事由檢附相關證明文件。				