文藻學校財團法人文藻外語大學工讀生申請表

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| **班級**  Dept. and Class |  | | | **學號**  Student ID Number |  | | | | **姓名**  Name | |  |
| **手機/聯絡電話**  Contact Phone Number |  | | | **出生年月日**  Date of Birth | 民國 年 月 日  (yr / mm / dd) | | | | **身份證字號**  ID Number | |  |
| **性別**Gender | |  |
| **請勾選下列選項，需符合其中一項，始可申請工讀。** Please place at least one check mark in the following boxes.  **學生證影本黏貼處**  **Student ＩＤ**  **外籍生請貼效期內工作證**  **Foreign Student of Work Permit valid**  □已申請助學金（即家庭年所得低於70萬）。 Already have applied *Scholarship* (Family Income is lower than NT$ 700,000).  □已有辦理減免學雜費。Already have applied *Waiver of Tuition Fee*.  □近期內有申請緊急紓困金。 Already applied *Financial Aid / Emergency Relief Grants* recently.  註：以上勾選項目，請附上申請書或繳費收據證明影本，以便用人單位 確認。Please attach the *Application Form* and *Copy of Payment Receipt* for  the work unit’s confirmation.  □未符合上述條件**請詳述**家庭狀況及工讀原因：Please describe your  *Family Status* and the *reason* of applying Part-Time Worker in detail if your  conditions don’t match any options above.      外籍學生工作證到期日Foreign Student of Work Permit (Date of expiry)：民國 年 月 日 ( yr / mm / dd) | | | | | | | | | | | |
| **專長說明**  Summary of Skills | |  | | | | | | | | | |
| **是否已於**  **本校加勞保** | | □是（單位或計畫名稱：　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　）  □否 | | | | | | | | | |
| **□ 已成年 Adult**  **□ 未成年Minor** | | **未滿20歲需取得監護人同意始得申請工讀。**Parent/guardian consent is required for each applicant under 20 years old. | | | | **監護人簽章**  Guardian Signature | | |  | | |
| * **同意加健保 (每月自付額310元)。**Agree and join the *National Health Insurance* (Pay NT$ 310per month). * **不同意，已於其他工作地方投保。**Disagree. Already have joined the National Health Insurance at other workplaces. | | | | | | **學生簽章**  Student Signature | | |  | | |
| **□ 同　意Agree**  **□ 不同意Disagree** | | **自願每月自工作酬金中，另行扣繳百分之六自提儲金。**I am willing to contribute 6% of monthly salary for pension. | | | |
| **以下由用人單位填寫**To be filled by the work unit. | | | | | | | | | | | |
| **用人單位確認錄取**  Admission confirmed  by the work unit. | | | 請蓋職章Official Seal及填寫聯絡分機 | | | | | **經費名稱 Name of Fund**  □ 學生工讀助學金（即700萬工讀金）。  *Student Life and Learning Scholarship* (NT$ 7,000,000  *Assistantships / Work-Study Awards*).  □ 其他 Others. | | | |
| **僱用開始日（需與僱用契約書符合）Commencement Date of Employment (Should be same as the *Employment Contract*)**  註：請於僱用日前一星期送至彙整單位，逾期不予受理。The application must be delivered to the integrative unit within *a week before the commencement date*, or it will not be attended to. | | | | | | | | **年(Y) 月(M) 日(D)** | | | |
| **預估月實際工資Estimation of the amount of monthly salary.**  註：請用人單位預估工讀生平均每月應得薪資（不含勞保），此金額固定後當學期即不作更動。  Please estimate the *monthly average salary* (National Health Insurance is not included) of the part-time worker. The *fixed amount* will not be able to modify during the semester. | | | | | | | | **NT$ 元** | | | |
| **以下由衛保組、生輔組及人事室審查各負責項目**  The following processes will be examined by the *Health Section, Student Assistance Section* and *Personnel Office*. | | | | | | | | | | | |
| **健康檢查**Physical Examination | | | | | | | **學生事務處**  **衛生保健組**  Health Section | | |  | |
| **1. 學生資料登錄系統**The student’s registry information has login into the system.  **2. 將申請表影本及契約書正本送回用人單位存查** Send the copy of *Application Form* and the original of *Employment Contract* back to the work unit for record. | | | | | | | **學生事務處**  **生活輔導組**  Student Assistance Section | | |  | |
| **勞保投保資料是否完整並完成登錄**Check if the student’s Labor Insurance Information is completeand the registry procedure completed or not. | | | | | | | **人事室**  Personnel Office | | |  | |

註：請用人單位將此表及僱用契約書，依序送至衛保組→生輔組，以便完成程序。 (THE WORK UNIT) Please send the *Application Form* and *Employment* *Contract* to the Health Section → Student Assistance Section so as to complete the procedure. **學生事務處生活輔導組 製**