

# 文藻學校財團法人文藻外語大學工讀生申請表

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.

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，以使用人單位確認。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.

學生證影本黏貼處  
Student I D  
外籍生請貼效期內工作證  
Foreign Student of Work Permit valid

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	<input type="checkbox"/> 是 (單位或計畫名稱： ) <input type="checkbox"/> 否		
<input type="checkbox"/> 已成年 Adult <input type="checkbox"/> 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	
<input type="checkbox"/> 同意加健保 (每月自付額 310 元)。Agree and join the <i>National Health Insurance</i> (Pay NT\$ 310per month). <input type="checkbox"/> 不同意，已於其他工作地方投保。Disagree. Already have joined the <i>National Health Insurance</i> at other workplaces.		學生簽章 Student Signature	
<input type="checkbox"/> 同意 Agree <input type="checkbox"/> 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 <input type="checkbox"/> 學生工讀助學金 (即 700 萬工讀金)。 <i>Student Life and Learning Scholarship</i> (NT\$ 7,000,000 <i>Assistantships / Work-Study Awards</i> ). <input type="checkbox"/> 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 <i>Employment Contract</i> ) 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 <i>monthly average salary</i> (National Health Insurance is not included) of the part-time worker. The <i>fixed amount</i> 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 <i>Application Form</i> and the original of <i>Employment Contract</i> 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 complete and 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