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**