宏國德霖科技大學**勞僱型學生**參加勞、健保、勞退金【**薪調】**申請表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 以下資料由學生(被保險人)填寫 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓　　名  (請以正楷書寫) |  | | | | | | | | | | | | | | | | | | | | | | | 身分證字號或居留證號碼 | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 出生日期 |  | |  | | |  | | 年 | |  | |  | | 月 | | |  | |  | | | 日 | | 聯絡電話 | | |  | | | | | | | | | | | | | | | | | | |
| 本人已據實填報，並依事實辦理申請，如經審核不符參加資格者，同意學校逕依勞保及健保規定另處。  以上資料若有不實，本人願負一切法律責任。  申請人簽章： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以下資料由用人單位或計畫主持人填寫 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 聘任單位 | |  | | | | | | | | | | | | | | | | | | | 薪調生效日 | | | |  | | |  | |  | | 年 | |  | |  | | 月 | |  | |  | | 日 | |
| **調整前**薪資 | |  | | | | | | | | | | | | | | | | | | | **調整後**薪資 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 聘任單位  承辦人簽章 | | 年 月 日 | | | | | | | | | | | | | | | | | | | 分機或聯絡電話 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 單位主管簽章 | | 年 月 日 | | | | | | | | | | | | | | | | | | | 專案、生活獎助生窗口確認簽章 | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 注意事項 | | 1. 薪資調整當月申保於次月1日生效，如欲辦理薪調，**應於薪調生效日前1個月辦理薪調申請**。 2. 人事室保險承辦人收件日為生效日當月或生效日當月送件，則以人事室保險承辦人收到申請表時間為薪資調整申報日，**逾時無法追溯調整，敬請提早辦理**。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以下資料由人事室填寫 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 收件日 | | | |  |  | |  | | 年 | |  | |  | | 月 |  | |  | | 日 | | | 本次異動 | | | □勞保及勞退□勞保、□勞退、□健保 | | | | | | | | | | | | | | | | | | | |
| 實際薪調生效日 | | | |  |  | |  | | 年 | |  | |  | | 月 |  | |  | | 日 | | | 薪調方式 | | | □系統、□紙本 | | | | | | | | | | | | | | | | | | | |
| 保險承辦人簽章 | | | |  | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |

107.01.02薪增