**Kaohsiung Medical University**

**Return to Work Application Form**

Application Date:

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| Applicant | Name |  | Staff ID |  |
| Unit |  | Position Title |  |
| Approved Position Retained with/without Pay-Reason and Duration | From YYYY/ MM /DD to YYYY/ MM /DD |
| Please attach the original approved document:□Parental Leave □Illness □Further Education □Secondment □ Other Reasons:  |
| Date of Return | For those returning on the original approved date | YYYY/ MM /DD |
| For those planning to return earlier | Date | YYYY/ MM /DD |
| Reason |  |
| Applicant’s Signature or Stamp |  | Supervisor(s)’s Approval |  |
| School Human Resources Office’s Countersignature |  |
| Vice President’s Approval |  | President’s Approval |  |
| Remarks | 1. Faculty/staff members in approved position-retained-without-pay status should complete and submit this form to Unit Supervisor(s) and forward it to HR Office at least 20 days before the planned date of return so that the resumption of duties could be handled smoothly.
2. The above-mentioned persons concerned whose reasons for unpaid leave have ceased should apply for returning to work within 20 days from the date the reasons ceased and may return to work early upon approval. Failure to return to work after the deadline, except for reasons beyond the control of the persons concerned, shall be considered as resignation (termination of employment).
3. Faculty/staff members approved for further education should fulfill the mandatory service period according to the relevant guidelines of the university.
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