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| **Kaohsiung Medical University** **Sabbatical Leave Final Report** |
| College/Department |  | Academic rank |  | Name |  |
| Leave Period | From: / / To: / /Year/ Month / Day Year/ Month / Day |
| Title of Research Plan |  |
| Summary of Research Plan  |  |
| Specific Results and Accomplishments of the Research Plan |
|  |
| Hospital HR Office | Hospital Department Head | Hospital Superintendent |
|  |  |  |
| Department Head | Dean | HR Office | Department Head | Dean |
|  |  |  |  |  |

\* Teachers holding the position of attending physician please obtain the approval of the affiliated hospital first.