**高雄醫學大學外籍人員結清離職儲金申請表**

Kaohsiung Medical University

Mandatory & Voluntary Pension Contribution Claim Application Form for Foreign Workers

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| 本人因以下原因(請勾選)申請發給公、自提離職儲金：Please check the reason for filing the withdrawal claim:□聘期屆滿離職 leaving work at the end of the contract period□聘期尚未屆滿經學校同意提前離職 leaving work before the contract ends with approval from the School’s authority□其他 other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 申請人姓名(Name) |  | 居留證字號( ID No. / ARC No.) |  |
| 離職日期(Last Day) |  | 申請日期(Date of Application) |  |
| 連絡電話(Phone Number) |  |
| 申請人簽章(Applicant's signature) |  |
| 人資室Human Resources Office | 總務處出納組Cashier Division, Office of General Affairs |
| 確認離職日期： 年 月 日Confirmed Last Day:  |  |
| 備註：Remarks1. 本表適用對象為非本國籍人員。This form only applies to non-Taiwanese workers.
2. 請領公、自提離職儲金之權利自離職或死亡之日起，經過10年不行使而消滅。The right to claim Mandatory & Voluntary Pension Contribution shall be extinguished if not exercised within ten years from the last day or death.
3. 請檢附存摺影本。Attachment of a photocopy of the passbook is required.
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