**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 Contributions 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  (Departure Date) |  | 申請日期  (Application Date) |  |
| 連絡電話  (Contact Tel 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：Remarks   1. 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 Contributions shall be extinguished if not exercised within ten years from the last day of death. 3. 請檢附存摺影本。Attachment of a photocopy of the passbook is required. | | | |