|  |
| --- |
| **Kaohsiung Medical University** **Application Form for Changes in Sabbatical Leave Plan** |
| Applicant | College/Department  |  | Substitute | College/Department  |  |
| Academic Rank |  | Academic Rank |  |
| Name |  | Name |  |
| Approved Leave Period | One-year term | From: / / To: / /Year/ Month / Day Year/ Month / Day |
| Half-year term | From: / / To: / /Year/ Month / Day Year/ Month / DayFrom: / / To: / /Year/ Month / Day Year/ Month / Day |
| Adjusted Leave Period | One-year term | From: / / To: / /Year/ Month / Day Year/ Month / Day |
| Half-year term | From: / / To: / /Year/ Month / Day Year/ Month / DayFrom: / / To: / /Year/ Month / Day Year/ Month / Day |
| Original Research Plan | 1. Title:2. Summary:3. Planned work items and specific outcomes to be achieved:(If insufficient space, please attach a separate sheet.) |
| Revised Research Plan | 1. Title:2. Summary:3. Planned work items and specific outcomes to be achieved:(If insufficient space, please attach a separate sheet.) |
| Reasons for Changes |  |
| Hospital HR Office | Hospital Department Head | Hospital Superintendent |
|  |  |  |
| Department Head | Dean | HR Office | Vice President | President |
|  |  |  |  |  |

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