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| **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 / Day  From: / / 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 / Day  From: / / 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 |
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\* Teachers holding the position of attending physician please obtain the approval of the affiliated hospital first.