

Loan Application for the Salaries, Labor/Health Insurance, and Labor Pensions of Sponsored Project Personnel

Final Processing Unit		Preliminary Processing Unit	
Purpose of Loan	<input type="checkbox"/> To pay the salaries, labor/health insurance, and labor pensions of full-time contract employees. In principle, the loan shall cover the expenses required for three months. <input type="checkbox"/> Applied for a loan on _____ (MM/DD/YYYY). However, the funds have not been disbursed despite project approval. Please approve the loan renewal.		
Loan Amount	NT\$		
Name(s) & Job Title(s) of Contract Employee(s)			
Source of Funding	Tentative Funding / Commissioning Unit		/
	Project Number (tentative)		
	University Accounting Code		
Project Title			
Term	Project Execution Term	From	To (MM/DD/YYYY)
	Loan Term	From	To (MM/DD/YYYY) (In principle, 3 months)
Supporting Documents	<input type="checkbox"/> Funding Approval Sheet in Labor/Health Insurance and Pensions <input type="checkbox"/> Approved Documents <input type="checkbox"/> Copy of the Contract <input type="checkbox"/> Other (<input type="checkbox"/> Project Proposal) _____ <input type="checkbox"/> Application Form for Change		
Signature and Seal of the Principal Investigator (Borrower)		The project funding for this case is expected to be disbursed (or approved) on _____ (MM/DD/YYYY). If it is not disbursed (or approved) by the aforementioned date, I agree to repay the loan or have the loan amount deducted from my salary.	
Unit Head		Senior Administrator (In accordance with the principles of delegation of duties, the Senior Administrator is authorized to ratify the document)	
Office of Research and Development: (Please verify project application status)			
Processing Clerk: _____ Division Director: _____ Secretary: _____ Vice President for Research and Development: _____			
Personnel Office:			
Processing Clerk: _____ Division Director: _____ Senior Executive Officer: _____ Office Director: _____			
Accounting Office			
Processing Clerk: _____ Division Director: _____ Senior Executive Officer: _____ Office Director: _____			
Notes	1. This application form may only be used by full-time current employees in place of a loan acknowledgement after the application has been approved. 2. During the loan period, the rights and obligations of contract employees with regard to labor/health insurance, labor pensions, and the use of Computer and Information Networking Center accounts shall be the same as that of current employees.		

NATIONAL TAIWAN UNIVERSITY

Application for Change in Labor/Health Insurance and Labor Pensions

Type of Change : Change in Employment Term (including insurance renewals and extensions) Salary Adjustment Change in Funding

Version 2016.02

Unit:

Processing Clerk:

Office Phone:

Mobile Phone:

Date:

Serial No.	Name of the Insured	National ID No. (New UI No.)	Job Title	Pre-change Details			Post-change Details			Funding Code/ University Accounting Code	Applicant's Signature <small>Not required for applications officially stamped by the employing unit</small>	Remarks
				Average Monthly Salary	Employment Start Date	Employment End Date	Average Monthly Salary	Employment Start Date	Employment End Date			
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

Notes:

1. If the Insured continues to work at the University after their original employment term ends (without resigning midway through the term), they shall fill in the application one month prior to the insurance expiration date, and submit it to the Personnel Office **together** with a copy of the contract, employment application form, signatures, and other relevant documents to facilitate insurance renewal.
2. In the event that the Insured does not complete the insurance renewal procedure before the end of their original employment term, the University shall **initiate insurance withdrawal procedures**. The Insured should pay attention to the end date of their original employment term and apply for insurance renewal within the specified time period, so as to protect their rights and interests.
3. Applications for **Salary Adjustments** shall take effect on the **1st day of the month following** the month in which complete documents have been submitted to the Personnel Office for review and approval, and forwarded to the Bureau of Labor Insurance.

Those who hold two or more concurrent positions at the University shall also fill in the Agreement Form for the Sharing of Insurance Premium.

Signature and Seal of the Unit Head (or Principal Investigator):

(Research project personnel shall have the application form signed and stamped by their Principal Investigator)

