Wenzao Ursuline University of Languages

Faculty/Staff Request Form for Unpaid Leave

Application Date：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant | Name |  | Unit | |  | | Title |  |
| (Please sign.) | The first day on the job | | | | mm/dd/yyyy | | | |
| Reason & Document | | | | | | | | |
| Reason for application | | □ Those who have been approved for unpaid overseas study or research in accordance with the Implementation Regulations on Teachers' and Staffs' Further Study.  □ Those who are approved for temporary transfer in accordance with the Implementation Rules of Temporary Transfer for Teachers.  □ Those who require long-term medical treatment due to illness. Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Spouse or immediate family member is elderly or has a serious injury or illness that requires his/her care.  □ Spouse or children who require care due to serious injury or illness.  □ Spouse who is sent abroad on official business for a period of one year or more and must accompany him/her.  □ Raising a child under the age of 3.  □ Other special needs. Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Duration | | from mm/dd/yyyy to mm/dd/yyyy  for a total of \_\_\_\_years and \_\_\_\_ months | | | | | | |
| Document | | □ Diagnostic certificate □ Copy of Household Certificate  □ Birth certificate □ Household Registration Transcript  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Insurance | | During the unpaid leave, the applicant who is covered by the Government Employees’ and School Staff’s Insurance (GESSI), chooses to   1. pay the Retirement Reserve Fund in full at your own expense □ Yes □ No   (Only for those who are applying for unpaid childcare leave) If you check “Yes”, please complete the consent form on the next page to comply with the requirements of the application. **If you apply for unpaid leave for other reasons, you will stop paying into the Retirement Reserve Fund and the additional contribution.**   1. pay the GESSI in full at your own expense □ Yes □ No   If you check “Yes”, please complete the consent form on the next page.   1. pay the National Health Insurance in full at your own expense □ Yes □ No 2. pay the Group Insurance in full at your own expense □ Yes □ No | | | | | | |
| During the unpaid childcare leave, the applicant who is covered by the Labor Insurance, chooses to   1. continue the Labor Insurance □ Yes □ No 2. continue the National Health Insurance □ Yes □ No 3. pay the Group Insurance in full at your own expense □ Yes □ No | | | | | | |
| During the unpaid leave for other reasons, the applicant who has the Labor Insurance, chooses to   1. withdraw from the Labor Insurance and the National Health Insurance. 2. pay the Group Insurance in full at your own expense □ Yes □ No | | | | | | |
| Supervisor |  | | | | | | | |
| Personnel Office |  | | | | | | | |
| Office of General Affairs |  | | | Accounting Office | |  | | |
| Dean of Academic Affairs |  | | | Secretary General | |  | | |
| President |  | | | | | | | |

Application procedure：Applicant → Supervisor → Initial review by Personnel Office → Office of General Affairs → Accounting Office → Dean of Academic Affairs (not necessary for staff) → President → Personnel Office.

Note：

※ Except in emergency situations, faculty and staff requesting unpaid leave must submit relevant documents, obtain supervisor approval, and receive approval from the Personnel Office and the President two months prior to the start date of the unpaid leave.

※ If you are eligible to apply for continued coverage, please submit the appropriate form to the Personnel Office and pay the self-pay amount into the University’s bank account within 10 business days after the unpaid leave request is approved. Otherwise, the coverage will be discontinued.

Version 114.04.08

**Attachments:** Please click on the hyperlink and download the consent form.

**For the applicant who has Government Employees’ and School Staff’s Insurance (GESSI)**

1. [公保育嬰留職停薪選擇續(退)保同意書](https://www.bot.com.tw/Images/File/GetFileId/47ea6b2e-2ca6-4d8a-8a4e-fbebec05fe04)Consent Form to continue (withdraw) the GESSI during the unpaid leave period **for childcare**
2. [公保留職停薪、停職(聘)、休職選擇續(退)保同意書](https://www.bot.com.tw/Images/File/GetFileId/9fefd221-7230-4293-a1ff-f5091e19e0d9) Consent Form to continue (withdraw) the GESSI during the unpaid leave period **for other reasons**
3. [公保借調留職停薪選擇續(退)保同意書](https://www.bot.com.tw/Images/File/GetFileId/3ef9dd40-d33d-4705-8a2a-f218ecc567ac) Consent Form to continue (withdraw) the GESSI during the unpaid leave period **for temporary transfer**
4. [私立學校教職員育嬰留職停薪期間 繼續撥繳私立學校退休撫卹離職資遣儲金費用選擇書](https://www1.t-service.org.tw/uploads/userfiles/files/06%E4%B8%8B%E8%BC%89%E5%B0%88%E5%8D%80/067%E5%AD%B8%E6%A0%A1%E4%BD%9C%E6%A5%AD%E7%9B%B8%E9%97%9C%E8%A1%A8%E5%96%AE/4_48_%E8%82%B2%E5%AC%B0%E7%95%99%E8%81%B7%E5%81%9C%E8%96%AA%E6%9C%9F%E9%96%93%E7%B9%BC%E7%BA%8C%E6%92%A5%E7%B9%B3%E5%84%B2%E9%87%91%E8%B2%BB%E7%94%A8%E9%81%B8%E6%93%87%E6%9B%B8.pdf) Consent Form to pay the Retirement Reserve Fund in full at your own expense during the unpaid leave period **for childcare**

**For the applicant who has Labor Insurance**

1. [育嬰留職停薪續保表單](https://www.bli.gov.tw/0022925.html) Consent Form to continue the Labor Insurance during the unpaid leave period **for childcare**