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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Unit | | | |  | | | | | | Contracted Position | | | | | Full-Time Research Assistant |
| Name | | | |  | | | | | | Gender | | | | |  |
| Date of Birth | | | |  | | | | | | ID Number | | | | |  |
| Employment Period | | | | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_(YY/MM/DD) to\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (YY/MM/DD)  (Please specify the deadline of remuneration) | | | | | | | | | | | |
| Reasons for Separation | * Expiration of employment period * Resignation prior to the expiration of the contract   (For those transferring to other on-campus programs, please specify) | | | | | | | | | Effective date of separation | | (YY/MM/DD)  (The second date following the deadline of remuneration) | | | |
| Number of Days off | Till \_\_\_\_\_\_\_\_\_\_\_ (YY/MM/DD), \_\_\_ days of special leave and \_\_\_ days of overtime compensation shall be taken before date of separation. | | | | | | | | | | | | | | |
| Permanent residence | | | |  | | | | | | | | | | | |
| Phone number after separation | | | |  | | | | | | | | | | | |
| On-Campus Program  ID |  | | | | Program  Name |  | | | | | | | | | |
| Subsidy Unit of Project | | | * Ministry of Science and Technology * Ministry of Education * Other Organizations (Institutes) | | | | | Position Stamp  (Please check the box if a position stamp is provided by the program.) | | | | | * No position stamp * Destroyed by the unit itself * Return to the Personnel Office | | |
| Program Supervisor / Division Head  Signature | | | | |  | | | | Separating Employee  Signature | | |  | | | |
| Separation Process Handling Division | | | | | | | | | | | | | | | |
| General Affairs Office | | General Service Division  (Withdrawal from Labor and Health Insurance) | | | | | Cashier Division  (Salary Settlement) | | | | | | | Documentation Division  (Closure of official document system account) | |
|  | | | | |  | | | | | | |  | |
| Library  (Book Return) | |  | | | | | | | | | | | | | |
| Computer and  Networking Center  (Closure of email accounts and other facilities' accounts) | | Network Division | | | | | System Division | | | | | | | Education Division | |
|  | | | | |  | | | | | | |  | |
| Accounting Office | |  | | | | | | | | | | | | | |
| Personnel Office | | (Employment Separation Certificate) | | | | | | | | | (Attendance Registration System) | | | | |
|  | | | | | | | | |  | | | | |
| President | |  | | | | | | | | | | | | | |

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| **National Taipei University of Education Application form of Employment Separation Certificate for Monographic Research Program Designated Research Assistant**  Assistant separation no. \_\_\_\_\_\_\_\_\_\_\_\_ (This column is filled in by the Personnel Office) | | | | | | | | | | | | | |
| Name |  | Gender |  | | Date of Birth Date | | YY/MM/DD | | | ID Number | |  | |
| Position | Full-Time Research Assistant | | | | | | Period of Contract Employment | | Date: From \_\_\_\_\_\_\_\_(YY/MM/DD)  To \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (YY/MM/DD) | | | | |
| Program Name |  | | | | | | | Program Supervisor | | |  | | |
| Commissioned and Subsidized Organizations of Funding |  | | | Reasons for  Resigning | | * Expiration of employment period * Resignation prior to the expiration of the contract | | | | | Separation  Date | | YY/MM/DD |
| Remarks | The remuneration of the research assistant is subsidized by the monographic research program funding. The aforesaid assistant is not employed under the established staff or the budget personnel. | | | | | | | | | | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (YY/MM/DD) (This column is filled in by the Personnel Office) | | | | | | | | | | | | | |

**Please fill in this form and e-mail to the Personnel Office** [mlwu@tea.ntue.edu.tw](mailto:mlwu@tea.ntue.edu.tw) **(This attachment in hard copy is not required.) The Personnel Office will issue the Employment Termination Certificate after the review.**