|  |
| --- |
| Chang Gung University Research Assistant Leave Request FormDate of filling |
| Name |  | Substitute Staff Name |  |
| Employee ID No. |  | Project investigator signature |  | Unit Chief(Department director) |  |
| Reason for applying leave | □Personal leave □Sick leave □Official business leave(○Coming late to office ○leave work early ○full-day ○leave during official working time) □others： (please specify)(For maternity, bereavement and official business leave, please provide supporting documents) |
| Date of leave |  From \_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_(am./pm.) year month date To \_\_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_(am./pm.)total day(s) hour(s) |
| After the leave request has been approved, applicants should keep the slip for 6 months for verificationA. Maternity leave is calculated by dayB. Annual leave is calculated by hour(s) as a blockC. Other leaves are calculated by 30mins as a block------- ---- ----------- -------------------please split here ------- ----------- ---------- ------------- ------ |
| Chang Gung University Research Assistant Leave Request FormDate of filling |
| Name |  | Substitute Staff Name |  |
| Employee ID No. |  | Project investigator signature |  | Unit Chief(Department director) |  |
| Reason for applying leave | □Personal leave □Sick leave □Official business leave(○Coming late to office ○leave work early ○full-day ○leave during official working time) □others： (please specify)(For maternity, bereavement and official business leave, please provide supporting documents) |
| Date of leave |  From \_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_(am./pm.) year month date To \_\_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_(am./pm.)total day(s) hour(s) |

After request has been approved, please submit the receipt before the day of leave (or within 2 days after on leave) to the assigned person for OA(NOTES) in the respective department to process.