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| --- | --- | --- | --- | --- | --- |
| Chang Gung University Research Assistant Leave Request Form  Date 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 verification  A. Maternity leave is calculated by day  B. Annual leave is calculated by hour(s) as a block  C. Other leaves are calculated by 30mins as a block  ------- ---- ----------- -------------------please split here ------- ----------- ---------- ------------- ------ | | | | | |
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| Employee ID No. |  | Project investigator signature |  | Unit Chief  (Department director) |  |
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| 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.