Chang Gung University Parental Leave without Pay Application Form

Date of Application: \_\_\_ Year \_\_\_ Month \_\_\_ Day

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| Single Copy： |
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| ●Applicant: ↓Approval according to authority, attach relevant documents↓ Personnel Office↓ President’s Office↓ Applicant’s Unit●After approval, please continue with the application for leave without pay signature form, insurance continuation, and return the leave without pay consent form with signature. |
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| Applicant’s Name |  | Employee ID |  |
| Department/Unit |  | ID Number |  |
| Position Title |  | Start Date of Employment | \_\_\_ Year \_\_\_ Month \_\_\_ Day |
| Contract Period | From \_\_\_ Year \_\_\_ Month \_\_\_ Day to \_\_\_ Year \_\_\_ Month \_\_\_ Day(Non-staff personnel must fill in the above information , and the expected date of reinstatement must be within the contract period) |
| Contact Phone Number | Landline： Mobile： |
| Correspondence Address |  |
| Attached Documents | □ Full Household Registration or Transcript □ Child’s Date of Birth/Expected Delivery Date: \_\_\_ Year \_\_\_ Month \_\_\_ Day |
| Parental Leave without Pay Application Period | From \_\_\_ Year \_\_\_ Month \_\_\_ Day to \_\_\_ Year \_\_\_ Month \_\_\_ Day(□ If combining maternity leave with parental leave, the start date of the leave will be adjusted according to the actual delivery date) | Total Duration: \_\_\_ Year \_\_\_ Month \_\_\_ DayExpected Reinstatement Date: \_\_\_ Year \_\_\_ Month \_\_\_ Day |
| Parental Leave without Pay Application Notes:1. Years of service are not counted during the leave without pay period unless otherwise specified by other regulations.
2. The applicant must apply for reinstatement at the Personnel Office 20 days before the end of the leave without pay period. A completed parental leave without pay application form and Chang Gung University reinstatement form must be submitted. Failure to do so, unless due to reasons beyond the applicant’s control, will be considered resignation.
3. If the reason for the leave without pay ceases to exist, the applicant must apply for reinstatement within 20 days from the cessation of the reason. Failure to do so, unless due to reasons beyond the applicant’s control, will be considered resignation.
4. During the leave without pay period, the applicant cannot engage in full-time work unrelated to the reason for the leave.
5. This form is only applicable for parental leave without pay. For other reasons or if a substitute is required during the leave period, a separate application form must be submitted.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ Year \_\_\_ Month \_\_\_ Day |
| Supervisor |  | Unit Supervisor |  | Project Supervisor |  |
| Personnel Office’s Opinion: The applicant is requesting parental leave without pay. Eligible due to □ a minimum of six months of service □ child under three years old □ leave without pay period not exceeding two years. Parental leave without pay from \_\_\_ Year \_\_\_ Month \_\_\_ Day to \_\_\_ Year \_\_\_ Month \_\_\_ Day. Expected reinstatement date: \_\_\_ Year \_\_\_ Month \_\_\_ Day. Approval is recommended. (For combined maternity and parental leave, the start date will be adjusted based on the actual delivery date)Director: \_\_\_\_\_\_\_\_\_\_\_ Person Processing the Application: \_\_\_\_\_\_\_\_\_\_\_  |
| President |  |
| Parental Leave Without Pay Procedure | Applicant:After the application for parental leave without pay is approved, please complete two copies of the leave without pay signature form (available at the Personnel Office > Download Section) and submit them to the Personnel Office for stamping after completion. After collecting necessary signatures from all departments, return this form to the Personnel Office.If applying for continued labor/health/public insurance, please attach the relevant documents. (Insurance application forms can be downloaded from the relevant insurance websites)□ Public Insurance: Parental leave / leave without pay / suspension of service agreement for public officials□ Labor Insurance: Parental leave without pay allowance application form, payment receipt, and continued insurance application form□ Health Insurance: Application form for continued insurance coverage under National Health Insurance for parental leave without pay within the original insured unit and change notification formApplicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ Year \_\_\_ Month \_\_\_ Day |
| Personnel Office:1. Basic personnel data update: Processed by \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

[□ Print original employment screen]1. ERP health insurance data update: Processed by \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
2. ERP labor pension data update : Processed by \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
3. Online labor insurance data update: Processed by \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
4. Online health insurance data update: Processed by \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
5. Online public insurance data update: Processed by \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(□ Deferred □ Not deferred) |

In case of any discrepancy between the Chinese version and the English version, the Chinese version shall prevail.