

**Application Form for Employee-Based Part-Time Assistants for the
Higher Education Sprout Project Administered by National Taiwan University Office of Academic Affairs**

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|-------------------------------|---|--|-------------------|--|--|
| Hiring Unit | | Employment Type | | <input type="checkbox"/> New Hire <input type="checkbox"/> Contract Renewal | |
| Job Title | | <input type="checkbox"/> Student Workers (<i>for students only, hourly wage</i>) <input type="checkbox"/> Temporary Workers (<i>for non-students, hourly wage</i>) <input type="checkbox"/> Part-Time Administrative Assistants (<i>for students only, monthly salary</i>) | | | |
| Remuneration | | Monthly Salary : ____ TWD =Monthly Working Hours (_hrs) x Hourly Wages (NT\$_) | Employment Period | From Yr. Mo. Day To Yr. Mo. Day | |
| Job Description | | Account Number | | | |
| Basic Information | Full Name | Nationality | | TEL | |
| | ID / ARC No. | Foreigners Only | | Resident period : Yr. Mo. day | |
| | Department Level | Department : _____ Student ID No. : _____ (for NTU students only) | | Work Permit : Valid from Yr. Mo. Day to Yr. Mo. Day | |
| Disability/ Foreign Status | <input type="checkbox"/> A holder of the Disability Card (<i>please submit a copy of your Disability Card</i>) <input type="checkbox"/> A foreigner be married to an R.O.C. national (<i>please submit a copy of your Household Registration</i>) <input type="checkbox"/> A foreigner holding the Alien Permanent Resident Certificate | | | | |
| Insurance Program(s) Applied | <input type="checkbox"/> Labor Insurance | Date coverage begins : Yr. Mo. Day | | If this form is not submitted to the Personnel office before the applicant's employment period officially begins, coverage will begin on the day this form is received and processed by the Personnel Office. Retroactive coverage is not a legal option. | |
| | <input type="checkbox"/> National Health Insurance | Rollover Date / Date coverage begins : Yr. Mo. Day | | 1. Health coverage is not available for NTU employees with less than 12 weekly work hours. 2. A temporary worker with an employment contract of less than 3 months may choose not to enroll in health insurance with NTU. | |
| | Labor Retirement Pension contribution | <input type="checkbox"/> N <input type="checkbox"/> Y ____% (1%~6%) | | 1. A 6% employer contribution is mandated by law. Please indicate the employee contribution rate (1 to 6%) here if you choose 'Yes.' 2. Ideal candidate : An R.O.C. National, a foreigner be married to an R.O.C. national, or a foreigner holding the Alien Permanent Resident Certificate. | |

NOTE :

1. I certify that all information provided above is accurate, that I comply with all the relevant regulations and requirements, and that all the required documents have been provided
2. For the duration of this position, I have other employee-based jobs at NTU, please submit Letter of Consent for NTU Insurance Premium Sharing Scheme (This letter is compulsory for those who take on more than one employee-based job.)
3. I confirm that the inclusion of the above payments for these assistants will not render the project over budget.
4. Foreign students and overseas Chinese students are required to apply for a valid work permit before they can be legally employed for up to the period authorized by the work permit. A maximum of 20 weekly work hours is allowed except during winter and summer breaks.

Review Procedure**Case Officer:****TEL:****Head of Hiring Unit:****Project Director:****Office of Academic Affairs:****Personnel Department-- Labor/National Health Insurance:****Notes :**

1. This form contains personal data. To avoid unintended disclosure of personal information, all units responsible for handling this form are advised to exercise due care in keeping the data confidential.
2. For important information concerning the hiring of temporary/student workers, visit the Student Part-Time Assistantships section on the Office of Academic Affairs website (https://www.aca.ntu.edu.tw/w/aca/SecretariatService_21070717324321514)

copy of the
Alien Residence Certificate
(Front side)

copy of the
Disability Card
(Front side)

copy of the
Alien Residence Certificate
(Back side)

copy of the
Disability Card
(Back side)

身份證相關證件影本黏貼處