**（全銜） (學校全銜)留職停薪人員延長期限申請書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | 申請日期： | | | | | | | | | | |  | | | | | | | | 年 | |  | | | | | | | 月 |  | | | | 日 | | |  |
|  | 申請人 | 單位 | |  | | | | | | 職稱 | | | | | | | |  | | | | | | | | | | | | | 姓名 | | | |  | | | | | | | | | | | | | | | | | | |
|  | 到職日期 | | 年 月 日 | | | | | | | | | | | | | | 教師聘期  有效期間 | | | | | | | | 自 | | | |  | | | | 年 | | | |  | | | | 月 | | | |  | | 日起 | | | | | |
|  | 至 | | | |  | | | | 年 | | | |  | | | | 月 | | | |  | | 日止 | | | | | |
|  | 原  核  定  留  職  停  薪  情  形 | 核定日期文號 | | | (學校名稱) | | |  | | | | 年 | | |  | | | 月 | |  | | | | 日 | | |  | | | | | | | | | | 字 | | 第 | |  | | | | | | | | | | 號 | | |
|  | 留職停薪起迄時間 | | | 自 |  | 年 | |  | | | | | 月 | | |  | | | | | 日起 | | | 共計 | | | | | | |  | | | | | 年 | |  | | | | | 月 | | |  | | 日 | | | | |
|  | 至 |  | 年 | |  | | | | | 月 | | |  | | | | | 日止 | | |
|  | 申請留職停薪事由  （請） | | | * 育嬰（稱謂： | | | | | |  | | | | | | | | 姓名： | | | |  | | | | | | | | | | 出生日期： | | | | | | | | | |  | | | | | | | | | ） | |
|  | * 侍親（稱謂： | | | | | |  | | | | | | | | 姓名： | | | |  | | | | | | | | | | 出生日期： | | | | | | | | | |  | | | | | | | | | ） | |
|  | * 配偶或子女（姓名： | | | | | | | | | | | | | |  | | | | | | | | | | ）重大傷病須照護 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | * 自行申請國內（外）全時進修 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | * 請延長病假或公（傷）假已滿規定期限仍不能銷假 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | * 配偶（姓名： | | | | | | | |  | | | | | | | | ）因公派赴國外工作或進修隨同前往 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 擬  申  請  延  長  期  限  事  由 | 申請延長起迄時間 | | | 自 |  | 年 | |  | | | | | 月 | | |  | | | | | 日起 | | | 共計 | | | | | | |  | | | | | 年 | |  | | | | | 月 | | |  | | 日 | | | | |
|  | 至 |  | 年 | |  | | | | | 月 | | |  | | | | | 日止 | | |
|  | 延長事由  (請詳述) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 不可預期之緊急情事 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 附陳 | □1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 證件 | □2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 名稱 | □3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 申請人 | |  | | | | | | | 會辦單位 | | | | | |  | | | | | | | | | | | | | | | | 首長  批示 | | | | | | | | * 同意延長留職停薪期限 * 不同意延長期限請依限復職 | | | | | | | | | | | | | |
|  | 單位主管 | |  | | | | | | | 人事室 | | | | | |  | | | | | | | | | | | | | | | |

備註：延長留職停薪者，應有不可預期之緊急情事；其認定有疑義時，學校應依教育人員留職停薪辦法第5條規定，組成諮詢小組審議。

111年4月12日修正