|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **國立聯合大學勞健保投保【薪資調整】申請表** | | | | | | | | | | | | | | | | |
| **申請單位：計畫代碼：** | |
| **序號** | **姓名** | | | **身分證號 (居留證號)** | **出生年月日** | | **申請日期** | | **生效月份**  **(申報日期之次月1日生效)** | **調整前** | | | **調整後** | | | **連絡手機**  **【請務必填寫】** |
| **原薪資** | **投保薪資** | | **原薪資** | **投保薪資** | |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
|  |  | | |  |  | |  | |  |  |  | |  |  | |  |
| **注意事項** | 1. **投保薪資之調整生效日為投保薪資調整申請送達勞保局之次月1日起生效，非自被保險人實際月薪資總額變動月份起生效。** 2. **聘用人員薪資調整時，新給付薪資金額超過【原投保級距】者，即應填具本通知單，並檢附聘用申請書及契約書影本或其他相關佐證文件，向總務處事務營繕組辦理勞健保投保(薪資調整)手續。** | | | | | | | | | | | | | | | |
| **承辦人簽章** | | | **校內分機：** | | |  | | **計畫主持人**  **或**  **單位主管**  **簽 章** | | | |  | | |  | |