

退保通知

(Application of withdrawal from Labor Insurance)

單位(Unit/Department):

姓名(Name):

身分證字號(ID No.):

人事代號(Personnel Code):

因於 年 月 日 離職，

申請於 年 月 日 (服務訖日，最後一天上班日) 退保。

The above employee will resign on (YYYY) (MM) (DD),
please assist him/her in withdrawing from Labor
Insurance on (YYYY) (MM) (DD)(the last working day
of employment).

此致 人事室

To: Personnel Office of NCTU

主管簽章(Signature of unit/department manager) : _____