領 據

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 領款人 姓名 | 經辦人以正楷填寫 | | 事由或  會議名稱 | |  | | | | | | | | | | | | | | | | | | |
| 費用別 |  | | | | | | | | | | | | | | | | | | | | | | |
| 金額 | 新台幣 元整 | | | | 應扣保險費 | | | | | | | | | | | | | | | | | | |
| 個人負擔 | | | | | | | | | | 單位負擔 | | | | | | | | |
| 勞保 | | | 勞退 | | | | 健保 | | | 勞保 | | | 勞退 | | 職災 | | 健保 | |
| $0 | | | $0 | | | | $0 | | | $0 | | | $0 | | $0 | | $0 | |
| 領款  日期 | 中華民國 年 月 日 | | | | 領款人  簽章 | | | |  | | | |  | | | 領款人親簽 | | | | | | | |
| 國民身分證統一編號 | |  | |  | |  |  | | | |  | | |  | | |  | |  | |  | |  |
| 地址 |  | | | | | | | | | | | | | | | | | | | | | | |
| 投保 確認 | 若勞保項目為0者，請經辦同仁確認領款人已於其他活動完成投保作業。 | | | | | | | | | | | | | | | | | | | | | | |
| 經辦人 |  | | | | | | | | | 上列款項已向  明志科技大學 如數領訖  備註:103年度起之個人各類所得扣繳暨免扣繳憑單將不再寄發。 | | | | | | | | | | | | | |

**明志科技大學 年度**

**勞動型兼任助理工作紀錄表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 計畫名稱 | | | |  | 執行單位 | | |  | |
| 學號(身分證字號) | | | |  | 兼任助理姓名 | | |  | |
| 序號 | 月 | 日 | 星期 | 工作項目 | | 工作時間 | | | 工作時數 |
| 起 | 迄 | |
| 1 |  |  |  |  | |  |  | |  |
| 2 |  |  |  |  | |  |  | |  |
| 3 |  |  |  |  | |  |  | |  |
| 4 |  |  |  |  | |  |  | |  |
| 5 |  |  |  |  | |  |  | |  |
| 6 |  |  |  |  | |  |  | |  |
| 7 |  |  |  |  | |  |  | |  |
| 8 |  |  |  |  | |  |  | |  |
| 9 |  |  |  |  | |  |  | |  |
| 10 |  |  |  |  | |  |  | |  |
| 11 |  |  |  |  | |  |  | |  |
| 12 |  |  |  |  | |  |  | |  |
| 13 |  |  |  |  | |  |  | |  |
| 14 |  |  |  |  | |  |  | |  |
| 15 |  |  |  |  | |  |  | |  |

本月工作時數合計: 小時

單位主管: (簽章)

主持人: (簽章)

兼任助理: (簽章)

正面