|  |  |  |  |
| --- | --- | --- | --- |
| 元智大學職工申訴書  **Yuan Ze University Satff Appeal Form** | | | |
| 申訴人姓名  Name of pleader |  | 身分證明文件號碼  Identity document No. |  |
| 出生年月日  Date of birth |  | 服務單位及職稱  Service Unit. and Job Title |  |
| 住居所及電話  Residential address and Contact phone |  | | |
| 代理人代表人姓名  Name of deputy/ representative | （無代理人或代表人者免填）  (Not applicable if without deputy or representative) | | |
| 出生年月日  Date of birth |  | 身分證明文件號碼  Identity document No. |  |
| 住居所及電話  Residential address and Contact phone |  | | |
|  | | | |
| 壹、申訴之事實及理由Facts and reasons for the plea： | | | |
| 貳、希望獲得之補救Expected remedies： | | | |
| 參、檢附文件及證據（列舉於下，並編號如附件）Attached relevant documents and proof (listed below, and assigned serial numbers like the attachments) | | | |
| 肆、提起申訴之年月日Filing date of plea： | | | |
| 此致Addressed to | | | |
| 元智大學職工申訴評議委員會  Yuan Ze University Satff Plea and Arbitration Committee | | | |
| 申訴人 （簽名或蓋章）  Pleader (signature or seal) | | | |
| 代理人代表人 （簽名或蓋章）  Deputy (signature or seal)  Representative | | | |
| 中 華 民 國 年 月 日  Date: year month day | | | |

**The English translation is for reference only. In case of any discrepancy between Chinese version and English version, the Chinese version shall prevail.**