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| 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 |   |
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| 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.**