**馬偕醫學院計畫**

**專任助理人員撥款清冊**

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| **專任助理 姓 名：**  級別： □高中(高職) □五專(三專) □二專　□學士 □碩士 | | | | | | | | | | | | | | |
| **身分證字 號** | |  | | **戶籍地址** | |  | | | | | | | | |
| **本人郵局局號** | | □□□□□□－□ | | | | | | **本人郵局帳　　號** | | □□□□□□－□ | | | | |
| **本人銀行帳號**  **(郵局或銀行帳號擇一填寫)** | | | |  | | | | | | | | | | |
| **年度** | **工作時間**  **(月份)** | | **薪 資(A)** | **自行負擔(B)** | | | | | **代扣 所得稅(C)** | | **實領薪資＝**  **(A)-(B)-(C)** | **計畫補助** | | **□計畫**  **□管理** |
| **勞保** | **健保** | | **勞退** | | **勞保** | **健保** | **勞退** |
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| **合 計** | | |  |  |  | |  | |  | |  |  |  |  |

**說明：本表請粘貼於黏貼憑證用紙上**