

Payroll Transfer Application Form of National Central University (Employee salary)

Application unit:			Applicant/Extension:																
Reason for transfer:																			
Payroll of original project personnel																			
Project serial number:			Project director:			Project implementation unit:				Project implementation period:						Document number:			
Job title	Name		Employment Year-Month-Day to Year-Month-Day	Amount borne by the agency	Expenses borne by the employer						Amount receivable by individuals	Self-paid expenses						Withhold ing items: _____	Actual amount
	National identification number				Labor insurance premium	Health insurance premium	Supplementary premium	Pension	Severance fund	Group insurance premium		Subtotal	Labor insurance premium	Health insurance premium	Supple mentary premium	Pension	Severance fund		
Total																			
Revised payroll of project personnel																			
																	Procurement case number:		

Lister
Midlevel supervisor
First-level supervisor
Business unit
Personnel Office
Accounting and Statistics Office
President

Project director

Description: 1. This form is only for payroll transfers that have been written off. Please briefly describe the reason for the change in the "Reason for Transfer" column.

2. After this form has been approved through administrative procedures, please send the relevant documents and original copy of this form to Division III of the Accounting and Statistics Office for processing.
3. Please attach a statement of project income and expenditure.
4. If the project director and implementation unit of the transfers are different, please obtain signatures from the respective competent authorities.
5. Please attach the roster of the project personnel after the revision (using the fund allocation system).