|  |  |  |  |
| --- | --- | --- | --- |
| **新進員工薪資確認單** | | | |
|  | | **填寫日期\*：** | |
| **員工姓名\*** |  | **所屬部門\*** |  |
| **支薪起始日\*** |  | **薪資條分類\*** |  |
| **是否為外籍勞工\*** |  | | |
| **基本薪資** | | | |
| **本薪\*** |  | **平均每小時工資額\*** |  |
| **保險資訊** | | | |
| **健保投保金額** | **加保眷屬 人** | **健保投保日期** |  |
| **勞保投保金額** |  | **勞保投保日期** |  |
| **勞保申報金額** |  | | |