**แบบฟอร์มคำขอต่อสัญญาปฏิบัติงานของผู้ดำรงตำแหน่งศาสตราจารย์ที่จะเกษียณอายุ**

**ส่วนงาน................................................................**

**1. ความเห็นของส่วนงาน**

 ได้พิจารณาแล้วเห็นว่า ส่วนงานมีเหตุผลความจำเป็นที่จะต้องจ้าง......................................

.......................................................ซึ่งมีคุณสมบัติครบถ้วนตามระเบียบจุฬาลงกรณ์มหาวิทยาลัยว่าด้วย

หลักเกณฑ์และวิธีการต่อสัญญาปฏิบัติงานของผู้ดำรงตำแหน่งศาสตราจารย์ที่จะเกษียณอายุ พ.ศ. 2560
คณะกรรมการบริหารส่วนงาน ครั้งที่...................................เมื่อวันที่......................................จึงเห็นชอบ

ให้ต่อสัญญาปฏิบัติงานของ...........................................................................................ระดับ....................

ทั้งนี้มีระยะเวลา……………………ปี……………เดือน…………..วัน

 ลงชื่อ................................................................ (............................................................)

 ตำแหน่ง.............................................................

 วันที่..............เดือน...............................พ.ศ..................

2. เหตุผลความจำเป็นในการจ้าง

**(สำมำรถจัดทำเป็นเอกสำรแนบเพิ่มเติมได้)**

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3. แผนกำลังคนด้านวิชาการ ปีงบประมาณ 2566-2570

**(สำมำรถจัดทำเป็นเอกสำรแนบเพิ่มเติมได้)**

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4. หน้าที่ความรับผิดชอบและภาระงานหน้าที่ที่มอบหมายให้ปฏิบัติ

**(สำมำรถจัดทำเป็นเอกสำรแนบเพิ่มเติมได้)**

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**5. ข้อมูลทั่วไปบุคคลที่เห็นสมควรต่อสัญญาปฏิบัติงาน**

**5.1 ข้อมูลทั่วไป**

ชื่อ............................................................................ สกุล........................................................................

วัน/เดือน/ปี เกิด...........................……………………………………………………………..อายุ.....................ปี

เพศ....................................... สัญชาติ.......................................... เชื้อชาติ........................................................

ศาสนา..................................เลขประจำตัวประชาชน/หนังสือเดินทางเลขที่.......................................................

ที่อยู่ (ที่สามารถติดต่อได้).....................................................................................................................................

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E-mail……………………………………………………………..…มือถือ..............................................................................

คุณวุฒิ………………………………………………………………………………………………………………………………………………

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**5.2 ผลการตรวจสุขภาพ พร้อมใบรับรองแพทย์**

1.1 สุขภาพร่างกาย  ผ่าน  ไม่ผ่าน

 ชื่อสถานพยาบาล................................................................................................................................................

1.2 สุขภาพจิต  ผ่าน  ไม่ผ่าน

ชื่อสถานพยาบาล................................................................................................................................................

5.3 ภาระงานย้อนหลัง 10 ปี

**(สำมำรถจัดทำเป็นเอกสำรแนบเพิ่มเติมได้)**

5.3.1 งานสอน (โปรดระบุระดับ ว่าปริญญาตรี หรือบัณฑิตศึกษา)

 ระดับ รายวิชาที่ สอน ช. ม./ สัปดำห์ เปิดการสอนภาค/ ปีการศึกษา

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5.3.2 ผลงานวิจัย

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5.3.3 ผลงานทางวิชาการในลักษณะอื่น

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 (สามารถจัดทำเป็นเอกสารแนบเพิ่มเติมได้)