明志科技大學 學生工讀實務實習開發工作機會權益評估表（ ）

系/專班/學程：　　評估時間：　　年　　月　　日

<table>
<tr><td colspan="4">一、實習工作概況</td></tr>
<tr><td>合作機構</td><td colspan="3"></td></tr>
<tr><td>工作內容</td><td colspan="3"></td></tr>
<tr><td>需求條件
或專長</td><td colspan="3"></td></tr>
<tr><td>輪班情形</td><td>□是　□否
工作___時，做___休___</td><td>實習工作環境</td><td>□辦公室 □門市 □廠房 □無塵室
□其他：</td></tr>
<tr><td>實習時間</td><td>每日___時，每週___時</td><td>住宿</td><td>□供宿　□自理 □其他：</td></tr>
<tr><td>加班時間</td><td>每日　　時
每週　　時</td><td>提供薪資額度</td><td>月薪：_____（須符合政府最低工資）
備註：</td></tr>
<tr><td>加班薪資</td><td>□有　□無　□補休</td><td>輪班條件</td><td>□大夜班 □排班：____□其他：____</td></tr>
<tr><td>勞健保及職災就業保險</td><td>□有（依規定投保勞健保、職災險及就業保險，境外地區有投保意外及醫療險）
□無，無法合作</td><td>膳食</td><td>□供餐，每餐扣____元/月□自理</td></tr>
<tr><td>提撥勞退基金</td><td>□有（依規定額外提撥勞退）
□無，無法合作</td><td>配合簽約</td><td>□是　□否：無法合作</td></tr>
<tr><td colspan="4">二、實習工作評估（極佳：5、佳：4、可：3、不佳：2、極不佳：1）</td></tr>
<tr><td>工作負荷</td><td colspan="3">□5（無加班，每日工時不超過 8 小時）
□4（有加班，每日加班平均 1 小時(含)以內）
□3（有加班，每日加班平均超過 1 至 2 小時）
□2（有加班，每日加班平均超過 2 至 4 小時）
□1（每日加班平均 4 小時以上且每月加班總工時低於 40 小時）
註：每月加班總工時高於 40 小時不得實習合作</td></tr>
<tr><td>工作安全性</td><td colspan="3">（低 風 險）　□5 □4 □3 □2 □1　（高 風 險）</td></tr>
<tr><td>職業安全衛生措施</td><td colspan="3">（措施完善）　□5 □4 □3 □2 □1　（措施欠缺）</td></tr>
<tr><td>培訓計畫</td><td colspan="3">（培訓完整）　□5 □4 □3 □2 □1　（無法培訓）</td></tr>
<tr><td>合作理念</td><td colspan="3">（理念相符）　□5 □4 □3 □2 □1　（無法配合）</td></tr>
</table>

實務學習內容專業性	（符合專業性） □5 □4 □3 □2 □1 （不符合專業） 註：專業性評估包含實習內容與系科專業性之符合度、實習內容與系科培育代表性職能之符合程度、實習場域提供實務操作的機會、實習內容可發揮空間及實習輔導軟硬體的支援程度，評分若為 2 分(含)以下，不得實習合作。
工作場所實習環境安全設施與管理措施評估	1. 工作場所環境安全性 (照明+噪音+通風條件佳) □5 □4 □3 □2 □1 (工作環境差) 2. 職前教育訓練與危害告知 （3 小時教育訓練或以上） □5 □4 □3 □2 □1 (未實施) 註：若未實施職前教育訓練不得為實習合作單位 3. 機具設備操作許可 (提供專業訓練與操作說明) □5 □4 □3 □2 □1 (欠缺訓練指導) 4. 設施設備安全防護狀態 (捲夾/感電/噴濺等防護) □5 □4 □3 □2 □1 (未有完善防護) 5. 提供個人安全防護裝備 (安全帽/鞋/手套/耳塞/口罩等) □5 □4 □3 □2 □1 (未提供)
評估總分 （滿分 55 分）	_____分
三、補充說明：（請與實習機構確認務依實習合作契約期間提供實習機會，勿因合作機構營運因素而期中解約造成學生中斷實習之困擾。）	
四、評估結論： □推薦實習 □不推薦實習	

說明：

1. 新的實習機構請系/專班/學程主任安排專業老師拜訪實習機構主管，表達謝意及評估工作之適合性，避免學生報到後因工作不適應而產生困擾。
2. 實習機構無法提供勞健保及職災就業保險、提撥勞退基金、異常超時工作且無法給加班費、無法簽訂實習合約者、境外地區無法供宿且交通不便，請勿進行實習合作。
3. 本表評估總分須達44分以上方可推薦實習合作機構。

◎系主任：請簽署(含日期)　　◎評估老師：請簽署(含日期)

表號：A0A2100317

Ming Chi University of Technology Internship Development Work Opportunity and Interests and Rights Evaluation Form ( )

Department/Specialized Program/Course: Date of Evaluation: MM/DD

1. Overview of Internship			
Partner institution			
Job contents			
Required conditions or expertise			
Shift	☐Yes ☐No ____ working hours, work on ____ and rest on ___	Working environment	☐Office ☐Store ☐Factory Premises ☐Clean room ☐Others:
Working hours	___ hours per week	Housing	☐Provided ☐Self-care
Overtime hours	___ hours per day ___ hours per week	Pay	Monthly salary: _____(to attain the base pay)
Overtime pay	☐Yes ☐No ☐Compensatory Leave	Work shift conditions	☐Night shift □Shift Schedule: _____ ☐Others: ____
Labor insurance, health insurance, occupational injury insurance and employment insurance	☐Yes (In accordance with regulations, I have purchased labor insurance, health insurance, occupational injury insurance, and employment insurance. In overseas regions, I have purchased accident and medical insurance) ☐No: Unable to cooperate	Meals	☐Provided, to debit _____NT$ per month□ Self-cared
Contribution of labor pension fund	☐Yes (To contribute labor pension additionally as required.) ☐No: Unable to cooperate	Execution of the contract	☐Yes ☐No: Unable to cooperate

2. Internship evaluation (Excellent: 5, Good: 4, Fair: 3, Poor: 2, Bad: 1)							
Workload (per day)	☐5 (No overtime, daily working hours not exceeding 8 hours) ☐4 (Overtime is allowed, with an average of 1 hour (inclusive) or less per day.) ☐3 (There is overtime work, with an average of more than 1 to 2 hours of overtime per day.) ☐2 (There is overtime work, with an average of more than 2 to 4 hours of overtime per day.) ☐1 (Average daily overtime of more than 4 hours and total monthly overtime of less than 40 hours) Note: Internship cooperation is not permitted if the total overtime hours per month exceed 40 hours.						
Safety at work	(Low risk)	☐5	☐4	☐3	☐2	☐1	(High risk)
Occupational safety and health measures	(Improved measures)	☐5	☐4	☐3	☐2	☐1	(Lack of measures)
Training plan	(Complete training)	☐5	☐4	☐3	☐2	☐1	(Unable to train)
Cooperation concept	(Matched)	☐5	☐4	☐3	☐2	☐1	(Unmatched)
Practical learning content and professionalism	(Meet professionalism) ☐5 ☐4 ☐3 ☐2 ☐1 (Unprofessional) Note: The professional assessment includes the degree of alignment between the internship content and the department's professionalism, the degree of alignment between the internship content and the department's representative functions in cultivating students, the opportunities for practical operation provided by the internship site, the scope for development of the internship content, and the level of support in terms of internship guidance hardware and software. If the score is 2 points (inclusive) or below, the internship cooperation is not allowed.						

Workplace internship environment safety facilities and management measures assessment	1. Workplace environmental safety (Excellent lighting, noise reduction, and ventilation) □5 □4 □3 □2 □1 (Poor working environment) 2. Pre-employment education and training and hazard notification (3 hours or more of educational training) □5 □4□3□2□1 (Not implemented) Note: Internship partners are not permitted if pre-employment education and training has not been provided. 3. Machinery and equipment operation permits (Professional training and operating instructions provided) □5 □4 □3 □2 □1 (Lack of training guidance) 4. Safety protection status of facilities and equipment (Protection from reel clips, static electricity, and splashes) □5 □4 □3□2 □1 (Inadequate protection) 5. Provide personal protective equipment (Safety helmet/shoes/gloves/earplugs/mask, etc.) □5 □4 □3 □2 □1 (Not provided)
Total evaluation scores (55 scores for full mark)	_____ scores
3. Supplementary notes: (Please check with the internship provider to make sure that internship opportunities will be provided during the internship cooperation contract and never terminate the contract earlier for the partner institution's reasons so as to cause interruption of internship to the students.)	
4. Evaluation and Conclusion □Internship Recommended □Internship not Recommended	

Descriptions:

1. In the case of a new internship provider, please ask the department chair to arrange the internship advisor to visit the internship provider's supervisor to extend gratitude and evaluate the adaptability of the job lest the students should be troubled for failure to adapt to the job after reporting on for duty.
2. Please do not engage in the internship cooperation, if it is impossible for the internship provider to provide labor/national health insurance, occupational injury insurance, employment insurance contribute the labor pension fund, guarantee normal working hours, offer overtime pay, execute the internship contract, offer accommodation overseas and provide convenient transportation means.
3. The partner institution may be recommended only if the total evaluation scores attain 44 or more.

◎Department Chair: Please sign here.(including the date) ◎Evaluator: Please sign here. .(including the date)

Form No.: A0A2100317