

# BENEFIT CLAIM SUMMARY

Employee Benefits & Entitlements Tracking System

## CITY OF BACOLOD - HUMAN RESOURCE MANAGEMENT

Form: HRD-BCS-2024

### 1. EMPLOYEE INFORMATION

Employee Name:			
Employee ID:	Department:	Position:	
Employment Date:	Salary Grade:	Step:	Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Casual

BENEFIT TYPE	"ENTITLED AMOUNT"	"CLAIMED"	"BALANCE"	"STATUS"
"Vacation Leave"	"â± _____	"â± _____	"â± _____	"[ ] Available"
"Sick Leave"	"â± _____	"â± _____	"â± _____	"[ ] Available"
"Hazard Pay"	"â± _____	"â± _____	"â± _____	"[ ] Claimed"
"Clothing Allowance"	"â± _____	"â± _____	"â± _____	"[ ] Claimed"
"Year-end Bonus"	"â± _____	"â± _____	"â± _____	"[ ] Pending"
"Cash Gift"	"â± _____	"â± _____	"â± _____	"[ ] Pending"
"Other (Specify):	"â± _____	"â± _____	"â± _____	"[ ] N/A"

### TOTAL BENEFITS SUMMARY

"TOTALS:"	"â± _____	"â± _____	"â± _____"	"OVERALL STATUS"
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### 3. CLAIM DETAILS & DOCUMENTATION

#### "REQUIRED DOCUMENTS SUBMITTED:"

- Service Record  Leave Form  Payslip  ID Picture (2x2)  
 Medical Certificate  Authorization  Valid ID Copy  Bank Details  
"Other Documents": \_\_\_\_\_

### 4. APPROVAL & CERTIFICATION

<b>"APPLICANT'S DECLARATION"</b> "I hereby certify that all information provided is true and correct."  "Signature"  "Date: _____"	<b>"SUPERVISOR'S REVIEW"</b> "Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> For Review <input type="checkbox"/> Not Approved"  "Supervisor's Signature"  "Date: _____"	<b>"HRD OFFICE ACTION"</b> "Status: <input type="checkbox"/> Processed <input type="checkbox"/> For Payment <input type="checkbox"/> On Hold"  "HRD Officer"  "Date: _____"
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#### "IMPORTANT NOTES:"

1. Submit complete requirements to HRD Office, 2nd Floor City Hall  
2. Processing time: 7-10 working days | 3. For inquiries: (034) 433-1234 local 402