

| D. Employment Details (For the person paying – Student/Parent/Guardian) | | | |
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| 1. Name | | | |
| 2. Name of employer | | | |
| 3. Employment Position | | | |
| 4. Employer's Address: | 6. Tel No. | | |
| 7. Type of Contract: | 8. Years Worked: | | |
| 9. Net Pay: | | | |
| Stamp by Human Resource Manager Name: Sign: | 1.Name: | | |
| | 2.Tel No. | | |
| | 3.Position: | | |
| | 4.Signature | | |