



Republic of the Philippines
Department of Education
Region III
SCHOOLS DIVISION OFFICE OF OLONGAPO CITY

Authorization for Salary Deduction

Personnel Division/Unit
DepEd Division Office, Olongapo City

I hereby authorize the deduction of _____
PESOS (P_____) from my salary for _____ months, from _____, 20____,
or until my total outstanding loan of _____ PESOS
(P_____) plus interest has been fully paid. Amount deducted shall be
credited to the account of the DepEd Provident Fund as receivables on the said
loans.

Signature over Printed Name

Employee No.: _____ Status: _____ Designation: _____
Division: _____ Code: _____ Service: _____



Address: Gordon Avenue, New Asinan, Olongapo City

Contact No.: 222-2568/ 603-0570

Email Address: olongapo.city@deped.gov.ph

Official Website: <https://deped-olongapo.com>

"SDO Olongapo City: Towards a Culture of Excellence and Character"