

## **SALARY LOAN FORM**

## FINANCE AND ACCOUNTING DEPARTMENT

		CONTACT			
EMPLOYEE NAME		CONTACT	ואכ		
		DATE			
DEPARTMENT		REQUESTED	•		
POSITION		AMOUNT			
POSITION		REQUESTED			
PURPOSE OF			FINANCIAL INFORMATION		
LOAN		MONTHLY SALARY:		SUPPORTING DOCUMENTS	
		OTHER INCOME:		LATEST PAY SLIP	
		MONTHLY EXPENSES:		BANK STATEMENT	
		OUTSTANDING LOANS/DEBTS:		OTHERS (please specify:)	
		O Debit	Check	Cash	
		REPAYMENT		REPAYMENT	
		START DATE		END DATE	
	RECOMMENDED BY		APPROVED BY		
	RACHEL CARTAGENA				
Employee's Signature (Signature over Printed Name)	Finance & Accounting Director		DDECIDENT	/ VICE-PRESIDENT / COO	
DATE SIGNED:	DATE SIGNED:		DATE SIGNED:		
Employment agreement:  I am authorizing this voluntary payroll deduction from my payroll. In the event my employment ends for any reason before the final deduction is made, the entire balance may be deducted from my final wages.					
Employee's Signature (Signature over Printed Name)  DATE SIGNED:					