

SALARY LOAN FORM

FINANCE AND ACCOUNTING DEPARTMENT

EMPLOYEE NAME:		CONTACT			
EIVII EOTEE NAIVIE.		INFORMATIO	ON:		
DEPARTMENT:		DATE			
DEFARTMENT.		REQUESTED	:		
POSITION		AMOUNT			
		REQUESTED	:		
PURPOSE OF		REPAYMENT		REPAYMENT	
LOAN:		START DATE:	:	END DATE:	
			0		
		ODebit	Check		
			FINANCIAL INFORMATION		
		MONTHLY SALARY:		Supporting Documents	
		OTHER INCOME: _		LATEST PAY SLIP	
		MONTHLY EXPENSE	:S:	BANK STATEMENT	
		OUTSTANDING LOA	NS/DEBTS:	OTHERS (please specify:)	
	RECOMMENDED BY:		APPROVED BY:		
	Approved	○ Disapproved	Approved	○ Disapproved	
	Ortpriored	O Bisappi eved	O, 166.010		
Employee's Signature	RACHEL C	:ARTEGENA	KATHLEE	EN REYES, MHM, DBA	
Employee's Signature (Signature over Printed Name)				EN REYES, MHM, DBA Operating Officer	
Employee's Signature (Signature over Printed Name) DATE SIGNED:		ARTEGENA ounting Director			
(Signature over Printed Name) DATE SIGNED:	Finance & Acc		Chief		
(Signature over Printed Name) DATE SIGNED: Employment agreement:	Finance & Acc DATE SIGNED:	ounting Director	Chief DATE SIGNED:	Operating Officer	
(Signature over Printed Name) DATE SIGNED: Employment agreement: I am authorizing this voluntary payroll deducti	Finance & Acc DATE SIGNED:	ounting Director	Chief DATE SIGNED:	Operating Officer	
(Signature over Printed Name) DATE SIGNED: Employment agreement:	Finance & Acc DATE SIGNED:	ounting Director	Chief DATE SIGNED:	Operating Officer	
(Signature over Printed Name) DATE SIGNED: Employment agreement: I am authorizing this voluntary payroll deducti	Finance & Acc DATE SIGNED:	ounting Director e event my employment e	Chief DATE SIGNED: ends for any reaso	Operating Officer	
(Signature over Printed Name) DATE SIGNED: Employment agreement: I am authorizing this voluntary payroll deducti	Finance & Acc DATE SIGNED:	e event my employment e	Chief DATE SIGNED: ends for any reaso Signature	Operating Officer	
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		MONTHLY EXPENSE	:S:	BANK STATEMENT			
		OUTSTANDING LOA	NS/DEBTS:	OTHERS (please specify:)			
	RECOMMENDED BY:		APPROVED BY:				
	Approved	\bigcirc Disapproved	Approved	○ Disapproved			
Employee's Signature	RACHEL CARTEGENA		KATHLEEN REYES, MHM, DBA				
Employee's Signature (Signature over Printed Name)	Finance & Accounting Director		Chief Operating Officer				
DATE SIGNED:	DATE SIGNED:		DATE SIGNED:				
Employment agreement:							
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 Signature

(Signature over Printed Name)

DATE SIGNED: