

EMPLOYEE NAME		CONTACT INFORMATION	
DEPARTMENT		DATE REQUESTED	
POSITION		AMOUNT REQUESTED	
PURPOSE OF LOAN		FINANCIAL INFORMATION	
		MONTHLY SALARY: _____	
		OTHER INCOME: _____	
		MONTHLY EXPENSES: _____	
		OUTSTANDING LOANS/DEBTS: _____	
		SUPPORTING DOCUMENTS	
		<input type="checkbox"/> LATEST PAY SLIP	
		<input type="checkbox"/> BANK STATEMENT	
		<input type="checkbox"/> OTHERS (please specify: _____)	
		<input type="radio"/> Debit _____ <input type="radio"/> Check _____ <input type="radio"/> Cash _____	
		REPAYMENT START DATE	REPAYMENT END DATE
PREPARED BY	RECOMMENDED BY	REVIEWED BY	APPROVED BY
Employee's Signature <small>(Signature over Printed Name)</small>	HR Department <small>(Signature over Printed Name)</small>	Finance & Accounting Manager <small>(Signature over Printed Name)</small>	President / VP / GM
DATE SIGNED:	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 <small>(Signature over Printed Name)</small>			DATE SIGNED:

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