

EMPLOYEE NAME		CONTACT INFORMATION		
DEPARTMENT		DATE REQUESTED		
POSITION		AMOUNT REQUESTED		
PURPOSE OF LOAN		FINANCIAL INFORMATION		
		MONTHLY SALARY: _____		
		OTHER INCOME: _____		
		MONTHLY EXPENSES: _____		
		OUTSTANDING LOANS/DEBTS: _____		
		<input type="checkbox"/> Debit _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____		
REPAYMENT START DATE			REPAYMENT END DATE	
PREPARED BY	RECOMMENDED BY	APPROVED BY		
Employee's Signature <small>(Signature over Printed Name)</small>		RACHEL CARTEGENA Finance & Accounting Director		
DATE SIGNED:		DATE SIGNED:		
Employee's Signature <small>(Signature over Printed Name)</small>		PRESIDENT / VICE-PRESIDENT / COO		
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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