

SALARY LOAN FORM

FINANCE AND ACCOUNTING DEPARTMENT

EMPLOYEE NAME:		CONTACT INFORMATION:	
DEPARTMENT:		DATE REQUESTED:	
POSITION		AMOUNT REQUESTED:	
PURPOSE OF LOAN:		REPAYMENT START DATE:	REPAYMENT END DATE:
		<input type="radio"/> Debit <input type="radio"/> Check <input type="radio"/> Cash	
		FINANCIAL INFORMATION	
		MONTHLY SALARY: _____	SUPPORTING DOCUMENTS
		OTHER INCOME: _____	<input type="checkbox"/> LATEST PAY SLIP
		MONTHLY EXPENSES: _____	<input type="checkbox"/> BANK STATEMENT
		OUTSTANDING LOANS/DEBTS: _____	<input type="checkbox"/> OTHERS (please specify: _____)
		RECOMMENDED BY:	APPROVED BY:
		<input type="radio"/> Approved <input type="radio"/> Disapproved	<input type="radio"/> Approved <input type="radio"/> Disapproved
Employee's Signature (Signature over Printed Name)		RACHEL CARTEGENA Finance & Accounting Director	KATHLEEN REYES, MHM, DBA Chief Operating Officer
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 Signature (Signature over Printed Name) DATE SIGNED:			

BMI-FORM-FAA-003

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