

SALARY LOAN FORM

FINANCE AND ACCOUNTING DEPARTMENT

EMPLOYEE NAME		CONTACT				
EIVII EOTEE IVAIVIE		INFORMATION				
DEPARTMENT		DATE				
DEFARTIVIENT		REQUESTED				
POSITION		AMOUNT				
FOSITION		REQUESTED				
PURPOSE OF		FIN	FINANCIAL INFORMATION			
LOAN		MONTHLY SALARY:	SUPPORTING DOCUMENTS			
		OTHER INCOME:	LATEST PAY SLIP			
		MONTHLY EXPENSES:	BANK STATEMENT			
		OUTSTANDING LOANS/DEBTS:	OTHERS (please specify:)			
		()	Check			
		REPAYMENT START DATE	REPAYMENT END DATE			
PREPARED BY	RECOMMENDED BY	REVIEWED BY	APPROVED BY			
PREPARED BY	RECOMMENDED BY					
PREPARED BY	RECOMMENDED BY					
PREPARED BY	RECOMMENDED BY					
PREPARED BY	RECOMMENDED BY					
PREPARED BY Employee's Signature (Signature over Printed Name)			APPROVED BY			
		REVIEWED BY	APPROVED BY			
Employee's Signature (Signature over Printed Name) DATE SIGNED:	HR Department (Signature over Printed Name)	Finance & Accounting Manager (Signature over Printed Name)	APPROVED BY President / VP / GM			
Employee's Signature (Signature over Printed Name) DATE SIGNED: Employment agreement:	HR Department (Signature over Printed Name) DATE SIGNED:	Finance & Accounting Managel (Signature over Printed Name) DATE SIGNED:	APPROVED BY President / VP / GM DATE SIGNED:			
Employee's Signature (Signature over Printed Name) DATE SIGNED: Employment agreement: I am authorizing this volunta	HR Department (Signature over Printed Name) DATE SIGNED: ary payroll deduction from my payroll.	Finance & Accounting Manager (Signature over Printed Name) DATE SIGNED: In the event my employment ends for a	APPROVED BY President / VP / GM DATE SIGNED:			
Employee's Signature (Signature over Printed Name) DATE SIGNED: Employment agreement: I am authorizing this volunta	HR Department (Signature over Printed Name) DATE SIGNED:	Finance & Accounting Manager (Signature over Printed Name) DATE SIGNED: In the event my employment ends for a	APPROVED BY President / VP / GM DATE SIGNED:			
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			OTHER INCOME:			
			MONTHLY EXPENSES:		BANK STATEMENT	
			OUTSTANDING LOANS/DEBTS:		OTHERS (please specify:)	
			Opebit	Check	Cash	
			REPAYMENT		DEDAYAGAIT	
			START DATE		REPAYMENT END DATE	
	DECOMMENDED DV	DEL VIENAVED		A DDE	ROVED BY	
PREPARED BY	RECOMMENDED BY	REVIEWED	RA	APP	KOVED BY	
Employee's Signature	HR Department	Financ	ce & Accounting Manage	r	President / VP / GM	
Employee's Signature (Signature over Printed Name)	HR Department (Signature over Printed Name)		ce & Accounting Manage (Signature over Printed Name)		r residency VI / CIVI	
DATE SIGNED:	DATE SIGNED:	DATE SIGNED:		DATE S	IGNED:	
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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: