**Brokenshire College**

Madapo, Davao City

**AUTHORITY TO DEDUCT**

Name of Employee: Department:

Position: Date Filed:

Type: (Please Check)

 Amount Applied

Hospitalization ( )

Graduate Studies ( )

Tuition Fee- College ( )

Tuition Fee- High School ( )

Tuition Fee- Elementary ( )

Others ( )

 Signature of Applicant

To be filled-up by Finance and Administrative Office:

This is to certify that the financial assistance applied for is for the purpose of

hospitalization/ tuition fee of employee/ legal dependent.

 **Mr. MELVIN B. BALBON**

 Director for HRMD

Amount Approved:

Amortization per payday:

Term of Loan: From: To:

This is to certify that the above employee receives a net-take-home pay of

P for the payroll period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ROLDAN C. GANADOS, CPA**

PAYOLL IN CHARGE OIC-Accounting Unit Head

Approved by:

**KIMBERLY D. PAVINO, CPA**

Director for Finance