**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.

 **NESTLE JOY R. ARGUILLA, LPT, MAEM**

HRMD Director

Amount Approved:

Amortization per payday:

Term of Loan: From: To:

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

P after the above deduction.

 **LILIBETH P. HERRERA**

Accounting Unit Head

Approved by:

**GRACE P. MORADA, MBA**

 Chief of Finance