



SALARY LOAN APPLICATION FORM

Date of Application: _____

FD Form #004 Series 2023

SECTION 1 – TO BE FILLED-UP BY THE EMPLOYEE			<input type="checkbox"/> Employee <input type="checkbox"/> Faculty
FULL NAME	Surname _____	Given Name _____	Middle Initial _____
			Employee / Faculty ID Number _____
POSITION	_____		
OFFICE DESIGNATION <i>(for Employee)</i>	<input type="checkbox"/> Registrar's Office <input type="checkbox"/> Finance Office <input type="checkbox"/> VPAA <input type="checkbox"/> HRDO <input type="checkbox"/> WASTFI <input type="checkbox"/> Library <input type="checkbox"/> Others: _____		
DEPARTMENT <i>(for Faculty)</i>	<input type="checkbox"/> CITCS <input type="checkbox"/> CTHM <input type="checkbox"/> SEBA	<input type="checkbox"/> Basic Education <input type="checkbox"/> Senior High School	
	<input type="checkbox"/> CAS <input type="checkbox"/> COE <input type="checkbox"/> CTE <input type="checkbox"/> SOC		
<i>Loan / Advance Details (kindly provide the relevant details)</i>			
Amount applied for	<input type="checkbox"/> Php 3,000 <input type="checkbox"/> Php 5,000 <input type="checkbox"/> Php 10,000 <input type="checkbox"/> Others: _____		
Number of Installments _____	Start Date of Deduction: _____		
Purpose of Personal Loan			
<input type="checkbox"/> Education <input type="checkbox"/> Children's Education <input type="checkbox"/> Holidays / Travel <input type="checkbox"/> Consumer Durable Purchases <input type="checkbox"/> Home Improvement / Renovation of Home or Office		<input type="checkbox"/> Loan Transfer <input type="checkbox"/> Purchase Equipment <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Marriage in Family If any other, pls specify: _____	
Do you have any outstanding loan prior to this loan?			<input type="checkbox"/> Yes <input type="checkbox"/> None
<p>I have read all the provisions of Westmead International School Policy on Loans / Advances and undertake to comply by the policies regarding faculty and employees loans and advances. I authorize the school to recover any outstanding amount under this policy from my salary/ full and final settlement as the case may be.</p> <p style="text-align: right;"><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p>			
Employee Signature & Date _____		MARITES D. MANLONGAT, PhD VP-Administration and Finance	

SECTION 2 – TO BE FILLED-UP BY THE HR DEPARTMENT		
Type of Loan: _____	Outstanding Balance: _____	Date on which availed: _____
Amount loan /advance approved: _____	Date: _____	
_____ <i>Signature above printed name / date</i>		
SECTION 3 – TO BE FILLED-UP BY THE FINANCE		
Approval received on: _____	Previous loan outstanding checked on: _____ By: _____	
The amount of loan /advance given: _____	First installment due: _____	
No. of installments payoff loan: _____	The source of transfer is: <input type="checkbox"/> Check Cheque Number: _____ Dated: _____ <input type="checkbox"/> Cash Voucher Number: _____	