

REQUEST FORM FOR ADDITIONAL DEDUCTIONS

DATE: _____

The Chief

Regional Payroll Services Unit
Department of Education-Regional Office VI
Duran St., Iloilo City

Dear Sir/Madam:

May I request to please effect the following deductions in my payroll register:

ACCOUNT CODE	ACCOUNT NAME	POLICY NUMBERS	AMOUNT	EFF. DATE	TERM DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I understand that the above request shall be acted upon in accordance with the existing policies and procedures of the Department.

Very truly yours,

(Signature over printed name)

Employee No. _____
Division Code: _____
Station Code: _____

Contact No.: _____