

REQUEST FORM FOR STOPPAGE

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 **STOP** 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.: _____

NOTE:

GENERAL POLICIES ON STOPPAGES

- 1.) Request for stoppages on insurance premiums are effected immediately.
- 2.) Request for stoppages on loans can be effected only if loans are fully paid. Certification of full payment or official receipt must be attached as proof.
- 3.) If no certificate of full payment or official receipts attached, the RPSU must verify first to the lending company before necessary action can be effected.
- 4.) Cut - off date for letter is 30th of the month.