

DE LA SALLE UNIVERSITY - DASMARIÑAS
Dasmariñas, Cavite

TO : ACCOUNTING OFFICE _____ Date

FROM : _____
(Name of Employee) (Employee No.) (College/Dept)

SUBJECT : REQUEST FOR FINANCIAL ASSISTANCE (tuition / thesis / hospital / creative program)

Financial Assistance for: (pls. check only one)

TUITION ACE-PPA THESIS HOSPITAL

Dependent's Info:

(Student No.) (Name of student) (Course / Year level) (Relation)

(Name of Patient) (Relation)

TOTAL AMOUNT OF FINANCIAL ASSISTANCE FOR SALARY DEDUCTION: _____

AUTHORITY TO DEDUCT

I hereby authorized the Accounting Office to deduct from my salary every pay day the amount of _____ (Pesos: _____) effective _____ for a period of ___ semi-monthly installments as payment for the financial assistance extended by the University.

- Note: (a) The maximum number of months for payment is five (5) months for Senior High School, College & Graduate School.
(b) The maximum number of months for payment is ten (10) months for Junior High School.
(c) The minimum amount per deduction is P500.00
(d) For hospitalization, the accomodation is extended only to DLSUMC and the maximum financial assistance is equivalent to two (2) months salary.

Signature of Employee

Endorsed by:

Approved by:

Signature of Immediate Head over printed name

Assistant Vice Chancellor for Finance