Der Der	Republic of the Philippines Department of Education Provident Fund				
Date Submitted: Loan Amount: PhP Type of Loan: Term Multi-purpose New Renewal Additional Borrower's information (Surname) Home Address: Position: Employee No.: Employment Status: Office: Employment Status:	Position: Employment Status:				
Office: Age: Date of Birth: Age: Monthly Salary: PhP Office Tel. no Years in Service: Mobile no.: Specimen Signatures:	Date of Birth: Age: Monthly Salary: PhP Office Tel. no. PhP Years in Service: Mobile no.: Specimen Signatures: PhP				
	LOAN AGREEMENT				
I hereby apply for a Provident Fund Loan in the amount (P	of PESOS:I hereby agree to assume all the outstanding obligations for the grant of this loan should the principal borrower be separated from the service, and either retirement or separation benefits due to him/her is not received or is insufficient to settle the borrower's outstanding loan, and upon proper notification by the Provident Fund Secretariat.MonthlyAccordingly, I hereby authorize the monthly deduction from my salary of the amortizations for the outstanding obligation of the principal borrower until his/her loan is fully paid.				
Signature of Borrower D Over Printed Name	te Signature of Co-Maker Date Over Printed Name				
CFRTIFCA	E OF EMPLOYMENT AND CREDIBILITY				
Personnel Division/Unit: This is to certify that the above loan applicant/borrower: (1) is a permanent/ co-terminus employee of this Of and is not on leave of absence without pay; (2) has net pay of PhP for the pay monthly & year of; and (3) has given the true and correct information on the L	Legal Service/Unit: This is to certify that the above loan applicant/borrower has no pending administrative nor civil case charge against him/her on records file with DepEd. oll				
ANNA LIZA C. AURELLADO Designation: <u>Administrative Officer V</u> Date:	Date:				

ANNEX "A"

SECRETARIAT'S ASSESSMENT/EVALUATION					
 A. Documents Submitted: Loan Application Form (LAF) – two (2) copies Authorization to Deduct – two (2) copies Print out of EHRIS-generated pay slip, certified correct by Personnel Division/Unit – original Photocopy of DepEd ID Others (specify):		 Additional documents for Additional Loan Letter request Hospitalization/Medical Expenses Medical Abstract/Certificate/Prescription/Diagnosis Barangay/LGU certificate/resolution declaring the borrower's place under State of Calamity 			
Signed and conComplete supp	nd Veracity of Submitted Documents: npletely filled out LAF porting documents for type of loan applied for .AF are by authorized signatories	Reviewed by: Date: MARY JOY P. SUERO Budget Officer III			
 Borrower will Co-Maker will Borrower has Current Lo Past-Due No. Of Borrower's Ne Is equal to 	not reach the mandatory age retirement on or before not reach the mandatory age retirement on or before Outstanding PF Loan Balance: Dan Balance Amount: PhP Loans Amount: PhP	Age: Month/s: ation of the loan applied for year.			
Percentag	e of principal paid: %	Verified by: Date: ANNA LIZA C. AURELLADO Administrative Officer V			
Principal Amoun	Loan: It of Loan PhP Ig Balance of Loan to be Renewed PhP PhP PhP	Monthly Amortization PhP Period of Loan (mm/yy – mm/yy) Date Processed:			
Processed by:	REYNABEL A. AMIN PFL – Accounting Clerk (JO)	Remarks:			
Reviewed by:	CHRISTOPHER MICHAEL T. GASMEN Accountant III Secretariat, PF				
	AC	CTION TAKEN:			
Recommending Ap		Approved Disapproved			
	Assistant Head Secretariat, PF	VILMA D. EDA, CESO V Schools Division Superintendent Head Secretariat, PF			
		Date:			

Authorization for Salary Deduction

Personnel Division/Unit

Department of Education Regional Office no. 1, City of San Fernando, La Union

I hereby authorize the	e deduction of		PESOS (P) from
my salary for	months, from	, 20 to	, 20,	or until my total
outstanding loan of		PESOS (P) plus interest has	been fully paid.
Amount deducted sha	all be credited to the account of th	e DepEd Provident Fund as receivables on the sa	iid loans.	

Signature over Printed Name

 Employee No.:
 Status:

 Division:
 Code:

Designation: _____ Years in Service: _____