



Quality Form



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AUTHORITY TO DEDUCT

Name of Office:
Administrative Division, PSU

NAME OF EMPLOYEE	EMPLOYEE NUMBER	<input type="checkbox"/> Elementary
STATION CODE / NAME	DIVISION CODE / NAME	<input type="checkbox"/> Secondary

DESCRIPTION	DEDUCTION CODE	POLICY NO./ BP#	DEDUCTION PERIOD		AMOUNT
			START	END	
A. DepED Provident Loan					
1. Regular Provident	0007				
2. Special Provident	0007A				
B. Pag-IBIG (HDMF)					
1. MULTI-PURPOSE LOAN (MPL)	0336				
2. ADDITIONAL PREMIUM	0222A				
3. HOUSING LOAN	0332				
4. Pag-IBIG Savings II	0222B				
5.					
C. Gov't Service Insurance System					
1. Consolidated Loan	0132				
2. E-Card Plus	0133				
3. Emergency Loan	0704				
4. Policy Loan	0001				
5. GFAL	1225				
6.					
7.					
D. Other Deductions with corresponding Code					
1.					
2.					
3.					
4.					

INSTRUCTIONS: 1. Attach supporting documents, if applicable.	SIGNATURE OF APPLICANT
	DATE

THIS SECTION IS FOR RPSU USE.	
ACTION TAKEN / REMARKS	EMPLOYEE IN CHARGE
	Name/signature: _____
	Date: _____