

**PROVIDENT FUND LOAN Documentary Requirements:**

**A. Documents Submitted: [Two (2) Copies of each]**

- Loan Application Form (LAF)
- Authorization to Deduct
- Latest pay slip (**Original copy**)
- Photocopy of DepEd ID
- Approved Appointment (*for FIRST TIME borrowers and Co-terminus employees only*)
- Copy of Notarized Contract of Service as proof of two (2) years continuous service (*for Co-terminus only*)
- Others (specify): \_\_\_\_\_

**B 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

**C Certification of Employment and Credibility portion on the Loan Application Form (LAF) must be signed by**

- Personnel Division/Unit  
**MA. LOUELLA C. MONCADA**  
Administrative Officer IV
- Legal Service/Unit  
**ATTY. ANNETTE L. DOYAOEN**  
Attorney III



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
**PROVIDENT FUND LOAN**

Date Submitted:

Loan Application No.

Loan Amount:

- Purpose:
- Educational
  - Hospitalization/Medical
  - Long Medication/Rehabilitation
  - House Arrears/Equity
  - House Repair - Major
  - House Repair - Minor
  - Payment of Loans from Private Institution
  - Calamity
  - Others (specify): \_\_\_\_\_

Type of Loan:  Multi-purpose Term:

- New
- Renewal
- Additional

Borrower's Information	Co-Maker's Information
<p>(Surname) _____ (First Name) _____ (M.I.) _____</p> <p>Home Address: _____</p> <hr/> <p>Position: _____</p> <p>Employee No.: _____ Employment Status: _____</p> <p>Office: _____</p> <p>Date of Birth: _____ Age: _____</p> <p>Monthly Salary: PhP _____ Office tel. #: _____</p> <p>Years in Service: _____ Mobile no. _____</p> <p>DepEd E-mail address: _____@deped.gov.ph</p> <p style="text-align: center;">Specimen Signatures: _____</p>	<p>(Surname) _____ (First Name) _____ (M.I.) _____</p> <p>Home Address: _____</p> <hr/> <p>Position: _____</p> <p>Employee No.: _____ Employment Status: _____</p> <p>Office: _____</p> <p>Date of Birth: _____ Age: _____</p> <p>Monthly Salary: PhP _____ Office tel. #: _____</p> <p>Years in Service: _____ Mobile no. _____</p> <p style="text-align: center;">Specimen Signatures: _____</p>

**LOAN AGREEMENT**

I hereby apply for a Provident Fund Loan in the amount of PESOS: \_\_\_\_\_ (P \_\_\_\_\_). In consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepEd Provident Fund. This document also serves as the Promissory Note upon approval of this loan.

Accordingly, I hereby authorize the deductions of the monthly amortization from my salary. Should I be separated from the service, I also hereby agree to settle my outstanding loan balance before the date of my retirement/separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note.

\_\_\_\_\_  
*Signature of Borrower over Printed Name* \_\_\_\_\_  
*Date*

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.

Accordingly, 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 Co-Maker over Printed Name* \_\_\_\_\_  
*Date*

**CERTIFICATE OF EMPLOYMENT AND CREDIBILITY**

**Personnel Section:**

This is to certify that the above loan applicant/borrower:

- (1) is a \_\_\_ permanent/\_\_\_ co-terminus employee of this Office and is not on leave of absence without pay;
- (2) has net pay of PhP \_\_\_\_\_ for the payroll month & year of \_\_\_\_\_; and
- (3) has given the true and correct information on the Loan Application Form.

**MA. LOUELLA C. MONCADA**  
 \_\_\_\_\_  
*Signature over Printed Name*  
 Designation: Administrative Officer - IV  
 Date: \_\_\_\_\_

**Legal Section:**

This is to certify that the above loan applicant/borrower has no pending administrative nor civil case charge against him/her based on records on file with DepEd.

**ATTY. ANNETTE L. DOYAOEN**  
 \_\_\_\_\_  
*Signature over Printed Name*  
 Designation: Attorney-III  
 Date: \_\_\_\_\_

**SECRETARIAT'S ASSESSMENT/EVALUATION**

**A. Documents Submitted: [Two (2) Copies of each]**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan Application Form (LAF)</li> <li><input type="checkbox"/> Authorization to Deduct</li> <li><input type="checkbox"/> Original copy of latest pay slip</li> <li><input type="checkbox"/> Photocopy of DepEd ID</li> <li><input type="checkbox"/> Approved Appointment <i>(for FIRST TIME borrowers and Co-terminus employees only)</i></li> <li><input type="checkbox"/> Copy of Notarized Contract of Service as proof of two (2) years continuous service <i>(for Co-terminus only)</i></li> <li><input type="checkbox"/> Others (specify): _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional documents for Additional Loan:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter request</li> <li><input type="checkbox"/> Hospitalization/Medical Expenses</li> <li><input type="checkbox"/> Medical Abstract/Certificate/Prescription/Diagnosis</li> <li><input type="checkbox"/> Barangay/LGU certificate/resolution declaring the borrower's place under State of Calamity</li> </ul> </li> </ul> |
|--|---|

**B. Completeness and Veracity of Submitted Documents:**

- Signed and completely filled out LAF
- Complete supporting documents for type of loan applied for
- Signatures on LAF are by authorized signatories

Reviewed by: <p align="center"><b>LITA M. CONDE</b> <i>Administrative Assistant II</i></p>	Date:
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**C. Eligibility of the Borrower and Co-Maker**

- Borrower will not reach the mandatory age retirement on or before the maturity of his/her loan. Age: \_\_\_\_\_
- Co-Maker will not reach the mandatory age retirement on or before the maturity of the borrower's loan. Age: \_\_\_\_\_
- Borrower has Outstanding PF Loan Balance:
  - Current Loan Balance Amount: PhP \_\_\_\_\_
  - Past-Due Loans Amount: PhP \_\_\_\_\_
    - No. of Years/Months Past-Due: Year/s: \_\_\_\_\_ Month/s: \_\_\_\_\_
- Borrower's Net Take-Home Pay after deduction of monthly amortization of the loan being applied for is equal to or higher than the required threshold for the current year.
- For renewal of loans: Borrower has paid at least 30% of the principal of the existing loan.
 

Percentage of principal paid: \_\_\_\_\_ %

Verified by: <p align="center"><b>LITA M. CONDE</b> <i>Administrative Assistant II</i></p>	Date:
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**D. Computation of Loan:**

Principal Amount of Loan <span style="float: right;">PhP _____</span> Less: Outstanding Balance of Loan to be Renewed Principal <span style="float: right;">PhP _____</span> Interest _____ Net Proceeds <span style="float: right;">PhP _____</span>	Net Take Home Pay after Deduction <span style="float: right;">PhP _____</span> Monthly Amortization <span style="float: right;">PhP _____</span> Period of Loan (mm/yy - mm/yy) _____ Date Processed: _____
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**LITA M. CONDE**

Processed by: \_\_\_\_\_  
 Administrative Assistant II  
 Signature over Printed Name  
 (PF Secretariat)

**NIEVES D. EBANIO**

Reviewed by: \_\_\_\_\_  
 Administrative Officer V  
 Signature over Printed Name  
 (Head, PF Secretariat)

**Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTION TAKEN:**

Recommending Approval:	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>
<p><b>NIEVES D. EBANIO</b>                  Administrative Officer V                  Head, PF Secretariat                  Date: _____</p>	<p><b>SORAYA T. FACULO Phd, CESO VI</b>                  Schools Division Superintendent                  Chairperson of the Board                  Date: _____</p>



### Authorization for Salary Deduction

**THE PAYROLL SERVICES DIVISION/ UNIT**  
**DepEd CAR**  
**Wangal, La Trinidad, Benguet**

I hereby authorize the deduction of

(P \_\_\_\_\_) from my salary for \_\_\_\_\_ months, starting in \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

or until my outstanding loan of \_\_\_\_\_ PESOS (P \_\_\_\_\_)

has been fully paid. Amount deducted shall be credited to the account of the DepEd Provident Fund as receivables on the said loans.

\_\_\_\_\_  
Signature over Printed Name

Employee No. \_\_\_\_\_

Status: **PERMANENT**

Designation: \_\_\_\_\_

Division: **DIVISION OF BAGUIO CITY**

Station Code: **081**

No. years in Service: \_\_\_\_\_

#### AMORTIZATION SCHEDULE

Amount of Loan	12 months	24 Months	36 Months	48 Months	60 Months
<i>Multipurpose Loan</i>					
( ) 10,000.00	860.67	443.21	304.22	234.86	193.33
( ) 20,000.00	1,721.33	886.42	608.44	469.71	386.66
( ) 30,000.00	2,582.00	1,329.62	912.66	704.56	579.99
( ) 40,000.00	3,442.66	1,772.83	1,216.88	939.41	773.32
( ) 50,000.00	4,303.33	2,216.04	1,521.10	1,174.26	966.65
( ) 60,000.00	5,163.99	2,659.24	1,825.32	1,409.11	1,159.97
( ) 70,000.00	6,024.66	3,102.45	2,129.54	1,643.96	1,353.30
( ) 80,000.00	6,885.32	3,545.65	2,433.76	1,878.81	1,546.63
( ) 90,000.00	7,745.98	3,988.86	2,737.98	2,113.66	1,739.96
( ) 100,000.00	8,606.65	4,432.07	3,042.20	2,348.51	1,933.29
<i>Additional Loan</i>					
( ) 110,000.00	9,467.31	4,875.27	3,346.42	2,583.36	2,126.61
( ) 120,000.00	10,327.98	5,318.48	3,650.64	2,818.21	2,319.94
( ) 130,000.00	11,188.64	5,761.68	3,954.86	3,053.06	2,513.27
( ) 140,000.00	12,049.31	6,204.89	4,259.08	3,287.91	2,706.60
( ) 150,000.00	12,909.97	6,648.10	4,563.30	3,522.76	2,899.93
( ) 160,000.00	12,770.63	7,091.30	4,867.51	3,757.61	3,093.25
( ) 170,000.00	14,631.30	7,534.51	5,171.73	3,992.46	3,286.58
( ) 180,000.00	15,491.96	7,977.71	5,475.95	4,227.31	3,479.91
( ) 190,000.00	16,352.63	8,420.92	5,780.17	4,462.16	3,673.24
( ) 200,000.00	17,213.29	8,864.13	6,084.39	4,697.01	3,866.57

Put a tick mark on the box provided for preferred amortization schedule (subject to computation of monthly net take home pay)