

REQUEST FORM FOR STOPPAGES

DATE: _____

The Chief
 Regional Payroll Services Unit
 Department of Education
 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 remains are affected immediately.
2. Request for stoppages on loans can be affected 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 landing companys before necessary action can be affected.
4. Cut-off date for letter requests is 30th of the month.