



Colegio de San Juan de Letran Calamba
 Calamba City, Laguna
PERSONNEL DISCOUNT FORM

10:00-00-FO-02

Date _____

Name of Applicant: _____
 (Employee No.) (Last Name) (First Name) (Middle Name)

Department: _____ **Employment Date:** _____ **No. of Years Served:** _____

Full-time Regular/ Permanent Full-time Probationary Part-time

Academic Year: 20____ - 20____, _____ Semester/ Trimester/ Inter-Sem

Discount Applied for:

Personal
 Dependent/s (list down according to age)

Student No.	Name	Relationship	Department (Grade/ Year Level)	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 Applicant's Signature / Date

Certified & Recommended:

Approved:

 Director, HRD

 VP for Finance

10:00-00-FO-02



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