



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

10:00-00-FO-02 rev01 062222

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:**

\_\_\_\_\_  
 Human Resource Director

**Approved:**

\_\_\_\_\_  
 Accounting Services Director

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_____	_____	_____	_____	_____
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