

REQUEST FOR REFUND
(Absences Only)

DIVISION NAME: _____
(School for Secondary/District for Elementary)

STATION CODE: (3 Digits) _____

EMPLOYEE NUMBER _____

EMPLOYEE NAME: _____

SIGNATURE: _____

Please attach herewith the following supporting documents:

1. Corrected copy of Form 7 signed by the Principal for secondary teachers and District Supervisor for elementary teachers approved by the Superintendent
2. Payslip/payroll where said deduction for refund is made.

Position: _____

Salary Grade: _____

Step Increment: _____

Basic Salary: _____

Inclusive Period: _____

No. of Days: _____

Amount: _____

APPROVED:

Data Controller
PSU