

TEACHER/EMPLOYEE INDIVIDUAL RECORD FORM

Division: Kabankalan City Station: _____

Division Code: _____ Station Code: _____ Employee No.: _____

Name: *(Last, Given, Middle)* _____

Address: _____

Date of Birth: _____

Telephone/Cellular Phone No.: _____

Sex: Male Female

Citizenship: _____

GSIS Business Partner No.: _____

PAG-IBIG Number: _____

PhilHealth Number: _____

Tax Identification Number: _____

Civil Status: Single/Widow/Widower/Legally Separated/ (No dependents)

Head of the Family

Single with qualified dependents

Widow/Widower with qualified dependents

Legally Separated with qualified dependents

Benefactor of a qualified senior citizen

Married

Number of Children below 21 years old

Husband claims additional exemption

Wife claims additional exemption (attach waiver of husband)

AUTHORIZED MONTHLY DEDUCTIONS

Regular Deductions:

Life and Retirement: _____

PhilHealth: _____

PAG-IBIG: _____

Withholding Tax: _____

Prepared by: _____

Certified Correct: _____

Printed Name & Signature of Teacher/Employee

Printed Name & Signature of School Head