

DATE: _____

**The Chief
Regional Payroll Service Unit
Budget and Finance Division
DepEd NCR**

Dear Sir / Ma'am :

I hereby authorized your good office to please STOP the following details effective _____ as indicated hereunder:

STOP

CODE	DESCRIPTION	POLICY NO.	EFFECTIVITY DATE	TERMINATION DATE	AMOUNT

Attached herewith is my payslip/supporting document(s) hoping for your favorable action.

Very truly yours,

PRINTED NAME W/SIGNATURE: _____

DIVISION/STATION: _____

EMPLOYEE NO: _____