

UNIVERSITY OF BATANGAS
Batangas City 4200, Philippines

CLAIM APPLICATION FORM

Name: _____ Date Filed : _____
Address: _____ Employee No. : _____
Date of Birth: _____ Age: _____
Contact No.: _____

I hereby apply for the release of the following:

- | | |
|---|--|
| <input type="checkbox"/> Incentive/Vacation Leave | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> 13 th Month Pay | <input type="checkbox"/> Unused Sickleave
(for retirees only) |
| <input type="checkbox"/> Gratuity Pay | <input type="checkbox"/> Other: _____

_____ |
| <input type="checkbox"/> Balance of Inc'l. Proceeds | |
| <input type="checkbox"/> Merit Increase/Eval. | |

Signature of Claimant
over Printed Name

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