



## QUALIFICATION FOR EMPLOYEE DISCOUNT

(For employees of DLSU-Manila only)

**Section A: Personal Information**

LAST NAME, FIRST NAME, MIDDLE NAME

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**Section B: Student Information**

ID NUMBER	DEGREE CODE	COLLEGE / DEPT.
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**Section C: Employee Information**

ID NUMBER	POSITION	DLSU UNIT / OFFICE
TYPE OF EMPLOYMENT <i>(please check one)</i>		EMPLOYMENT STATUS <i>(please check one)</i>
<input type="checkbox"/> Full-time Faculty <input type="checkbox"/> Part-time Faculty* <i>(Section C1 must be accomplished)</i> <input type="checkbox"/> ASF / ASP <input type="checkbox"/> Co-Academic Personnel <input type="checkbox"/> Others _____		<input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual Contract expires on: _____

**Section C1: Certification of Department Chair**

INDICATIVE LOAD ASSIGNMENT FOR AY \_\_\_\_\_ TERM \_\_\_\_\_

<u>Course Code</u>	<u>Section</u>	<u>Units</u>	<u>Schedule</u>
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SIGNATURE OVER PRINTED NAME / DATE  
Chair / Vice Chair

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**Section D: Enrollment History**

LAST AY / TERM ENROLLED	AVAILED OF EMPLOYEE DISCOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Section E: Employee Undertaking**

I understand that the privilege of employee discount may be reversed during the term of enrollment upon discontinuance of employment.

SIGNATURE OVER PRINTED NAME / DATE

**Section F: Instructions to Student**

1. Please surrender original EAF together with this form to the Office of the University Registrar.
2. Please claim revised EAF with employee discount
3. Please notify the Office of the University Registrar through [registrar@dlsu.edu.ph](mailto:registrar@dlsu.edu.ph) for changes in employment status affecting employee discount.