

Education Allowance Form

Employee Details

- Employee Name: _____
- Employee ID: _____
- Department: _____

Beneficiary Information

- Beneficiary Name: _____
- Relationship to Employee: _____
- Educational Institution: _____
- Institution Address: _____

Expense Details

Item	Description	Amount	Receipt Attached
Tuition Fee			<input type="checkbox"/> Yes <input type="checkbox"/> No
Books/Materials			<input type="checkbox"/> Yes <input type="checkbox"/> No
Uniforms			<input type="checkbox"/> Yes <input type="checkbox"/> No
Others: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

Approval Section

- HR Approval: Approved Denied
- HR Name: _____
- Date: _____

Employee Signature: _____

Submission Date: _____