



KING MULTIPURPOSE COOPERATIVE

King MPC Bldg., 4 Palma Gil St., Davao City
Tel. nos. (082) 227-1127, 226-4636; Telefax 221-0462, 227-1128

CLAIM FOR PAYMENT OF LONGEVITY PAY

Date: _____

NAME: _____

BRANCH/DEPT.: _____ POSITION: _____

DATE OF ENTRY: _____

NO. OF YEARS OF CONTINUOUS SERVICE: _____

I have served in King Multipurpose Cooperative for _____ continuous years.
Requesting that my longevity pay be released. Thank you.

SIGNATURE OF CLAIMANT

ENDORSEMENT:

Mr. / Ms. _____ has been continuously productive
and contributing to the improvement and growth of the Cooperative.

I highly recommend that his / her longevity pay be released.

Immediate Superior

Verified by: _____
HR/Admin Manager

| | |
|--------------------------------|--------------------------|
| Date of Entry: _____ | Approved by: |
| Verified by: | |
| _____ HR Assistant | _____ General Manager |
| Amount of longevity pay: _____ | |