



**Requisition Form for Exception of University Fee
For Employees Who are Studying in the Graduate Schools at Assumption University**

Dear Director of Human Resources Management

I (Mr. / Mrs. / Ms.).....ID Code.....
Position.....Department / Faculty.....
had been employed on.....and study at the level of Diploma level/Master level/Doctorate level,
majoring in.....at Assumption University, using my personal funds
on (DD/MMM/YYYY).....Student ID Code.....I wish to exercise my rights on welfare
according to the university's announcement no. 13/2009 on August 5, 2009.

For your consideration.

Signature

Date of Submission.....

Remark: For those who request the right of this welfare, please submit the completed form at OHRM every semester.
This form will serve as evidence for Registration at the Office of University Registrar, each semester.

For Officials

Dear Director of the University Office of the Registrar

OHRM had checked the above requisition and verifies that the person identifies in the above statement
is our employee. We accept his / her rights to the University welfare with reference to the university's
announcement no.13/2009 on August 5, 2009 for the semester...../.....

For your acknowledgement and further processing.

Signature

(.....)

Date

Signature

Director, Office of Human Resources Management

Date