

**Yap State Government
Colonia, Yap FM 96943**

ALLOTMENT APPLICATION AND AUTHORIZATION

Name of Allotter (Last, First, Middle Initial)		Social Security Number	Job Title
Where Employed? (Department)		Division, Section	
Amount of Bi-weekly Allotment (In Words)	In Figures	Begin Allotment (Payperiod Starting)	Cease Allotment (Payperiod Starting)
Name of Allottee (Last, First, Middle Initial if Person)			
Address of Allottee (Number, Street, City, State)		Account Number (if applicable: reference loan, saving, etc. number)	
REQUEST AND APPROVAL TO START ALLOTMENT		REQUEST AND APPROVAL TO DISCONTINUE ALLOTMENT	
I HEREBY request and authorize allotment to be paid at the end of each Pay Period from my pay, as above subject to approval, and to continue for the period stated or until revoked by me in writing.		I HEREBY request and authorize discontinue of previously authorized and approved allotment from my pay as indicated above.	
Signature of Allotter in Full	Date	Signature of Allotter in Full	Date
Approved (Chief of Personnel)	Date	Approved (Chief of Personnel)	Date

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