



**Pangasinan State University**  
**Federation of Non-Teaching and Teaching Personnel, Inc.**  
**(PSU FENTEP, Inc.)**  
Lingayen, Pangasinan  
Contact Numbers: 09385748042 / 09654658236  
Email Address: psufentep0894@gmail.com



## **FORM 4      APPLICATION FORM FOR HOSPITALIZATION AID**

Date \_\_\_\_\_

I hereby apply for the hospitalization aid subject to the pertinent provisions of the implementing rules and regulations of PSU FENTEP, Inc. in the amount of \_\_\_\_\_ with the attachments of the following required documents:

1. Medical Certificate (Original or Certified True Copy of the Attending Physician noted by the Administrative Officer or by the Hospital Director)
2. Leave Form 6
3. Statement of Billing (Certified True Copies of Official Receipts)
4. Three Days Confinement (Except for Major Operation)

\_\_\_\_\_  
(Signature over Printed Name)

\_\_\_\_\_  
Campus

Certified True and Correct:

\_\_\_\_\_  
Campus FENTEP Board of Director

Recommending Approval:

\_\_\_\_\_  
Chief Administrative Officer

Approved:

\_\_\_\_\_  
President  
PSU FENTEP, Inc.