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MEMORANDUM

DATE: _____

TO: PAYROLL DEPARTMENT

FROM: LIC. MA. NORMA VALLE OLGUIN.

() Payroll Intake () Payroll Release () Modifications () Change of Department () Other

Employee's Name: _____

Employee ID Number: _____

Effective Date: _____

Federal Taxpayer's Registry : _____ SS Number: _____

Department.: _____ Unique Population Registry Code: _____

Post: _____

Address: _____

Number

Street

Zip Code

Phone Number : _____

SALARY DISTRIBUTION:

NOMINAL WAGE _____

COUPONS _____

SOCIAL SECURITY _____

CASH _____

SAVINGS FUND _____

% _____

COMMODATE _____

COUPONS _____

CASH _____

TOTAL SALARY _____

OBSERVATIONS:

LIC. MA. NORMA VALLE OLGUIN
HUMAN RESOURCES DIRECTOR



MEMORANDUM

DATE: _____

EMPLOYEE NUMBER: _____

TO: C.P: HECTOR VELEZ GARCIA.

FROM: LIC. MA. NORMA VALLE OLGUIN.

☐ Check Request

☐ Check Cancelation

☐ Check Payment

☐ Check Refund

NAME: _____

AMOUNT: _____

CONCEPT: _____

Check Number: _____ Date: _____

Subject to Payment (☐)

Receipts Attached (☐)

CHARGES WILL BE MADE TO THE FOLLOWING ACCOUNTS:

Account Number	VAT	Amount
1160.73266	\$ _____	\$ _____

I authorize payroll deduction by not presenting receipts that cover the total amount in this request form within the following two weeks from the issue date on the check.

Lic. Ma. Norma Valle Olguin

Human Resources



PAYROLL DEDUCTIONS

DATE: _____

TO: PAYROLL DEPARTMENT

Employee's Name: _____

Employee ID Number: _____

Departamento: _____

I Hereby authorize the corresponding deduction for the amount of
\$ _____ pesos (_____ pesos), for
_____.

In the following period: () Weekly () Every two weeks

From: _____ week ly period or two-week period _____ 200 ____.

LIC. MA. NORMA VALLE OLGUIN
HUMAN RESOURCES DIRECTOR

EMPLOYEE



SALARY DISTRIBUTION

DATE: _____

Employee's Name: _____

Employee ID Number: _____

SALARY DISTRIBUTION:

Social Security Coupons _____

Expenses Refund _____

Commodate Fuel Coupons _____

Expenses Refund _____

Savings Fund from 5 to 13 % _____ % _____

Salary _____

TOTAL EARNINGS _____

EMPLOYEE'S SIGNATURE



FAX

Calzada CETYS Col. Rivera Mexicali, B.C. 21259
Phone Number: 567 - 37 - 67 Fax: 565 - 02 - 41

INSTITUTO EDUCATIVO DEI NOROESTE, A.C.

To: _____ **From:** _____

Company and/or Position: _____ **Post:** _____

Fax: _____ **Pages:** _____

Phone Number: _____ **Date:** _____

Matter:



COMMODATE

Employee's Name: _____

Employee ID Number: _____

I request refund for the following corresponding commodate expenses:

For the following date: _____ according to attached invoice(s).

Commodate for the amount of \$ _____

EMPLOYEE'S SIGNATURE



SOCIAL SECURITY

Employee's Name: _____

Employee ID Number: _____

Department: _____

I request refund for the following expenses corresponding to social security in the following date:

_____ according to invoice(s) attached.

Medical Expenses \$ _____

Medication \$ _____

Sports Gear \$ _____

Sports memberships and fees \$ _____

Cultural Activities \$ _____

Tuition \$ _____

Refundable invoices \$ _____

TOTAL FROM ATTACHED INVOICES \$ _____

EMPLOYEE'S SIGNATURE



COMMODATE CONTRACT

Date: _____

Department or Academic Area: _____

EMPLOYEE'S INFORMATION

Employee's Name: _____

Employee ID Number: _____

VEHICLE INFORMATION

Model: _____ Year: _____

License Plates: _____

FIRMA DEL EMPLEADO

NOTA: CUALQUIER CAMBIO PODRA REALIZARLO EN AGOSTO DE CADA AÑO.
PARA EL REEMBOLSO DE GASTOS, LAS NOTAS DEBERAN COINCIDIR CON EL
AUTOMOVIL REGISTRADO EN ESTA DIRECCION.



SCHOLARSHIP REQUEST

Date: _____

PERSONAL INFORMATION

Solicitant's Name: _____

Registration Number: _____ Age: _____ Marital Civil: _____

Address: _____

Lives with: ☐ Spouse and children ☐ Parents ☐ Alone ☐ Other

Works: ☐ Yes ☐ No

Company: _____ Monthly Income: _____

Economic dependants: _____

Name of the person issuing the scholarship: _____

Is this person...? ☐ CETYS Employee ☐ CETYS Former Employee

Is there an economical dependance on the parents? ☐ Yes ☐ No

Academic program and semester to be registered in:

☐ High School _____

☐ College: _____

☐ Graduate Studies: _____

☐ English Language Center: _____

Previous studies (Fill in only Graduate Studies): _____

Is this your first graduate studies? ☐ Yes ☐ No

Courses for this quarter: _____

Courses in the previous quarter : _____

Previous Level (Only for the English Language Center): _____

I declare under oath to tell the truth, that the above data are true.

SOLICITANT'S OR EMPLOYEE'S NAME



EXIT INTERVIEW

DATE: _____

Name: _____

No: _____

Post and work area: _____

Name of immediate headperson: _____

Time worked in the institution: _____

Reason for leaving: Dismissal () Resignation () Other ()

Specify the causes:

Rehiring recommended? YES () NO ()

Why? _____

How was the employee's performance in:	Excellent	Good	Average	Poor
Responsibility				
Cooperation and availability				
Punctuality and attendance				
Relation with co-workers				

Comments:

Interviewer: _____