

# Employee Discount Submission Form

Date: **[Insert Date]**

Employee Name: **[Insert Employee Name]**

Employee ID: **[Insert Employee ID]**

Department: **[Insert Department]**

## Discount Details

Type of Discount: **[Insert Type of Discount]**

Discount Amount: **[Insert Amount]**

Reason for Discount: **[Insert Reason]**

## Employee Acknowledgment

I, **[Insert Employee Name]**, understand the terms of the employee discount and confirm that the information provided is accurate.

Employee Signature: **[Insert Signature]**

## Manager Approval

Manager Name: **[Insert Manager Name]**

Manager Signature: **[Insert Signature]**

Date of Approval: **[Insert Approval Date]**

If you have any questions regarding this submission, please contact **[Insert Contact Information]**.