University of the Philippines Manila Padre Faura St., Ermita, Manila

			Date
BLESILE SUZETTE S. MANTARING, MD, FPOGS Director, Office of the Student Affairs University of the Philippines Manila			
Dear Prof. Simbulan:			
I would like to recommend the appointment/ , a student from the College	renewal o	of appointment of	as student assistant
effective (month) (date) (yr) up to (month) (date) (yr)	·		
(month) (date) (yr) up to (month) (date) (yr)			
			Very truly yours,
			Department/ Division Head
Endorsed by:			
Dean/ Director/ Head of Unit			
Inclosure: SA Form 90-40 Student's Form 5 for this sem./ summe True Copy of Grades for the last seme			
(please fill up in duplicate)			
to be filled out by OSA			
Action Ta] Approved] Disapproved	
			SUZETTE S. MANTARING, MD, FPOGS ctor, Office of the Student Affairs
		Dire.	otor, office of the ottation Analis
		ilippines Manila Ermita, Manila	
			 Date
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Dean/ Director/ Head of Unit			
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Action Ta	aken: [[] Approved] Disapproved	

BLESILE SUZETTE S. MANTARING, MD, FPOGS Director, Office of the Student Affairs

University of the Philippines Manila OFFICE OF THE STUDENT AFFAIRS Padre Faura St., Ermita, Manila

APPOINTMENT OF STFAP STUDENT ASSISTANT

1. Name:	Student No.: College
Student No.: College CONTACT NUMBER: No. of units enrolled for this sem/ summer General Weighted Average for last semester/ summer Discount 2. Degree Code No. Salary	Student No.: College
No. of units enrolled for this sem/ summer No. of units enrolled for this sem/ summer General Weighted Average for last semester/ summer Discount	No. of units enrolled for this sem/ summer General Weighted Average for last semester/ summer ST SYSTEM Discount
No. of units enrolled for this sem/ summer for last semester/ summer Discount 2. Degree Code No. Salary Effectivity of Appointment: (mnth) (date) (yr) up to (mnth) (date) (yr) Unit/ Office Assigned Authorized Work Hours: (Name) Student assistant to be repl 3. Endorsed by: Chairman Date 4. Recommended by: Director/ Head of Unit Date 5. Endorsed by: BLESILE SUZETTE S. MANTARING, MD, FPOGS Director, Office of Student Affairs Date 6. Budget Clearance: LOVELLE C. SAGUID Chief, Budget Office Date 7. Approved for the Chancellor: NYMIA PIMENTEL-SIMBULAN, DrPh Vice Chancellor for Academic Affairs Date SAFORM 90-03 University of the Philippines Manila	No. of units enrolled for this sem/ summer No. of units enrolled for this sem/ summer General Weighted Average for last semester/ summer Discount
2. Degree Code No. Salary Effectivity of Appointment: (mnth) (date) (yr) up to (mnth) (date) (yr) Unit/ Office Assigned Authorized Work Hours: (Name) Student assistant to be repl 3. Endorsed by: Chairman Date 4. Recommended by: Director/ Head of Unit Date 5. Endorsed by: BLESILE SUZETTE S. MANTARING, MD, FPOGS Director, Office of Student Affairs Date 6. Budget Clearance: LOVELLE C. SAGUID Chief, Budget Office Date 7. Approved for the Chancellor: NYMIA PIMENTEL-SIMBULAN, DrPh Vice Chancellor for Academic Affairs Date Accounting Office OSA Unit/ Office SAFORM 90-03 University of the Philippines Manila	Code No Salary Effectivity of Appointment:
Unit/ Office Assigned Authorized Work Hours: (Name)	Unit/ Office Assigned Authorized Work Hours: (Name) Student assistant to be replaced 8. Endorsed by: Chairman Date 1. Recommended by: Director/ Head of Unit Date
Unit/ Office Assigned Authorized Work Hours: (Name)	Unit/ Office Assigned Authorized Work Hours: (Name) Student assistant to be replaced 8. Endorsed by: Chairman Date 1. Recommended by: Director/ Head of Unit Date
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Unit/ Office Assigned	Unit/ Office Assigned Authorized Work Hours: (Name)
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Chairman Date 4. Recommended by: Director/ Head of Unit Date 5. Endorsed by: BLESILE SUZETTE S. MANTARING, MD, FPOGS Director, Office of Student Affairs Date 6. Budget Clearance: LOVELLE C. SAGUID Chief, Budget Office Date 7. Approved for the Chancellor: NYMIA PIMENTEL-SIMBULAN, DrPh Vice Chancellor for Academic Affairs Date \[\alpha \] Accounting Office OSA Unit/ Office \[\begin{array}{cccccccccccccccccccccccccccccccccccc	Chairman Date I. Recommended by: Director/ Head of Unit Date
4. Recommended by: Director/ Head of Unit Date 5. Endorsed by: BLESILE SUZETTE S. MANTARING, MD, FPOGS Director, Office of Student Affairs Date 6. Budget Clearance: LOVELLE C. SAGUID Chief, Budget Office Date 7. Approved for the Chancellor: NYMIA PIMENTEL-SIMBULAN, DrPh Vice Chancellor for Academic Affairs Date α Accounting Office OSA Unit/ Office SAFORM 90-03 University of the Philippines Manila	Recommended by:
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5. Endorsed by: BLESILE SUZETTE S. MANTARING, MD, FPOGS Director, Office of Student Affairs 6. Budget Clearance: LOVELLE C. SAGUID Chief, Budget Office 7. Approved for the Chancellor: NYMIA PIMENTEL-SIMBULAN, DrPh Vice Chancellor for Academic Affairs Date Accounting Office OSA Unit/ Office SAFORM 90-03 University of the Philippines Manila	
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Chief, Budget Office 7. Approved for the Chancellor: NYMIA PIMENTEL-SIMBULAN, DrPh Vice Chancellor for Academic Affairs Date α Accounting Office OSA Unit/ Office SAFORM 90-03 University of the Philippines Manila	Director, Office of Student Affairs Date
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7. Approved for the Chancellor: NYMIA PIMENTEL-SIMBULAN, DrPh Vice Chancellor for Academic Affairs Date α Accounting Office OSA Unit/ Office SAFORM 90-03 University of the Philippines Manila	
Vice Chancellor for Academic Affairs α Accounting Office OSA Unit/ Office SAFORM 90-03 University of the Philippines Manila	Chief, Budget Office Date
α Accounting Office OSA Unit/ Office SAFORM 90-03 University of the Philippines Manila	
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SAFORM 90-03 University of the Philippines Manila	
APPOINTMENT OF STFAP STUDENT ASSISTANT	APPOINTMENT OF STFAP STUDENT ASSISTANT
() Original () Reappointment ()Renewal	() Original () Reappointment ()Renewal
1. Name: Date of Birth:	. Name: Date of Birth:
(Surname, First, MI)	
Student No.: College	Student No.: College
CONTACT NUMBER:	
for this sem/ summer for last semester/ summer Discount	for this sem/ summer for last semester/ summer Discount
	2. Degree
2. Degree	
	Code No. Salary Effectivity of Appointment
Code No Effectivity of Appointment: (mnth) (date) (yr) up to (mnth) (date) (yr)	
Code No Salary Effectivity of Appointment: (mnth) (date) (yr) up to (mnth) (date) (yr) Unit/ Office Assigned Authorized Work Hours: (Name)	(mnth) (date) (yr) up to (mnth) (date) (yr) Unit/ Office Assigned Authorized Work Hours: (Name)
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Code No Salary Effectivity of Appointment: (mnth) (date) (yr) up to (mnth) (date) (yr) Unit/ Office Assigned Authorized Work Hours: (Name) Student assistant to be replaced as a second part of the commended by: Date	(mnth) (date) (yr) up to (mnth) (date) (yr) Unit/ Office Assigned Authorized Work Hours: (Name)
Code No Salary Effectivity of Appointment: (mnth) (date) (yr) up to (mnth) (date) (yr) Unit/ Office Assigned Authorized Work Hours: (Name) Student assistant to be replaced assistant to be replaced assistant to be replaced by: Chairman Date	(mnth) (date) (yr) up to (mnth) (date) (yr) Unit/ Office Assigned Authorized Work Hours: (Name)
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