

\_\_\_\_\_  
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/ renewal of appointment of \_\_\_\_\_  
\_\_\_\_\_, a student from the College of \_\_\_\_\_ as student assistant  
effective \_\_\_\_\_.  
(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./ summer (Xerox copy)**  
**True Copy of Grades for the last semester (Xerox copy)**

*(please fill up in duplicate)*

-----  
*to be filled out by OSA*

**Action Taken:** [ ] Approved  
[ ] Disapproved

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

\_\_\_\_\_  
Date

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**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**

( ) Original                                      ( ) Reappointment                                      ( ) Renewal

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Surname, First, MI)

Student No.: \_\_\_\_\_ College \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

	No. of units enrolled for this sem/ summer	General Weighted Average for last semester/ summer	ST SYSTEM Discount
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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 replaced**

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

α Accounting Office  
 OSA  
 Unit/ Office

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

**APPOINTMENT OF STFAP STUDENT ASSISTANT**

( ) Original                                      ( ) Reappointment                                      ( ) Renewal

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Surname, First, MI)

Student No.: \_\_\_\_\_ College \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

	No. of units enrolled for this sem/ summer	General Weighted Average for last semester/ summer	ST SYSTEM 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 replaced**

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

α Accounting Office  
 OSA  
 Unit/ Office