

_____ Date

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

Dear Dr. Mantaring:

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

APPOINTMENT OF STUDENT ASSISTANT

() Original () Reappointment () Renewal

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

Student No.: _____ College _____

CONTACT NUMBER: _____
No. of units enrolled General Weighted Average ST SYSTEM
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 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