*UPM-OSA-OP-13 F2*

University of the Philippines Manila

Padre Faura St., Ermita, Manila

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**ODESSA N. JOSON, MA**

**Director, Office of Student Affairs**

**University of the Philippines Manila**

**Dear Asst. Prof. Joson:**

 I would like to recommend the appointment / renewal of appointment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student from the College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , as student assistant effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (month) (date) (year) up to (month) (date) (year)

 Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department/Division Head

Endorsed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Director/Head of Unit

---------------------------------------------------------------------------------------

*To be filled up by OSA*

Action Taken: [ ] Approved

 [ ] Dis-approved

  **ODESSA N. JOSON, MA**

 Director, Office of Student Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*UPM-OSA-OP-13 F2*

University of the Philippines Manila

**OFFICE OF STUDENT AFFAIRS**

Padre Faura St., Ermita, Manila

**STUDENT ASSISTANT APPOINTMENT**

 ( ) Original ( ) Reappointment ( ) Renewal

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student No.: \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_

(*Surname, First, MI.)*

 Email Ad.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College: \_\_\_\_\_ Degree: \_\_\_\_\_\_\_ Contact No.:\_\_\_\_\_\_\_\_\_\_\_ ST System Discount:\_\_\_\_\_\_

 No. of Units enrolled for this Sem/Midyear: \_\_\_\_\_\_\_\_\_ General Weighted Average for the last Sem/Midyear: \_\_\_\_\_\_\_\_

1. Salary \_\_\_\_\_ Authorized Work Hours: \_\_\_\_\_\_\_\_\_ Effectivity of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(month) (date) (year) up to (month) (date) (year)*

 Unit/Office Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Student Assistant to be replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Endorsed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman Date

1. Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director/Head of Unit Date

1. Endorsed by:  **ODESSA N. JOSON, MA** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, Office of Student Affairs Date

1. Budget Clearance: **LOVELLE C. SAGUID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chief, Budget Office Date

1. Approved for the Chancellor: **BERNADETTE HEIZEL M. REYES, MD, MHPEd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Vice Chancellor for Academic Affairs Date