

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

Date

BLESILE SUZETTE S. MANTARING, MD,FPOGS
Director, Office of 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) (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

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

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: _____

2. 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: _____

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