OFFICE OF THE VICE CHANCELLOR FOR STUDENT AFFAIRS
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

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OFFICE OF SCHOLARSHIPS AND GRANTS
Revised 05 NOV 2026

SAGA-OSG Form 02

SEPARATION FORM FOR STUDENT/GRADUATE ASSISTANTS

Date of Effectivity:_____ Student #:_____

Name of Student Assistant: _____

Office:_____

Semester:___1st____2nd____Midyear A.Y 20___- 20 ____

RESIGNATION

Reason: _____
_____

_____
Signature of Student over Printed Name

_____
Signature of Supervisor over Printed Name

TERMINATION

Due to failure to report for a continuous period of ten days without prior notice to the supervisor.

_____
Signature of Supervisor over Printed Name

FOR SAGA-OSG STAFF USE ONLY

RECOMMENDING APPROVAL:

MARK KEVIN L. MOVILLON
SAGA Coordinator

APPROVED/DISAPPROVED:

JOHN LORENZO A. YAMBOT
Director

SAGA ITEM CODE: