



University of the Philippines Los Baños  
Office of Student Affairs  
**SCHOLARSHIPS AND FINANCIAL ASSISTANCE DIVISION**



**SEPARATION FORM FOR STUDENT ASSISTANTS**

Date Effective: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Name of Student Assistant: \_\_\_\_\_  
 S.A. Item Code: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Semester: \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ Summer AY 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



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