



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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