



OFFICE OF THE DEAN OF STUDENTS

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STUDENT ASSISTANTSHIP CHARGING REQUEST FORM

(THIS PORTION IS FOR THE OFFICE/DORMITORY APPLIED FOR)

Acres 2 a management of			,	
Charge to Account No.: Univ . Adm . Fund	CSTF - L	144)		•
Semester: First Sem AY: 202 Please check: [\(\)] New applicant [] Old	ฉ∽ 2o 2ʒ applicant/Rene	ewal		
Name: Angelito Daing In-Campus/Off-campus Address: Bray. Plan	Course/Year: _	BSA-9 1 City, Laste	Student No.: _Sex:MaleA	18-1-01619 Age: 24
JOB DESCRIPTION OF STUDENT ASSISTANT (To be filled up by the Supervisor)	•			
3. the coreenhouses.	gs of the	ents and call department bu the vuper nision	uldings as will as	
Duration/Period of Work: From	19, 2022 to	January 3	, 2027	
RECOMMENDING APPROVAL: Puth O. Escasinas Signature over printed name of the Supervisor				
Dept/Office/Center/Dorm/Research Center/etc.				
(THIS P	PORTION IS FOR	THE USSO)		
Work Effectivity:	_			
Remarks:				
	_			
Verified/Checked by:	_			
S.A. Coordinator, ODS				
Date:				
		[] Approved	[] Disapprove	d
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Vision: Mission: