



DE LA SALLE LIPA

OJT Acceptance Form

_____ Date

This is to signify the approval of on-the-job training request allowing Ms. / Mr. _____ a _____
(Surname, First Name, MI) (Year level)
student of _____, from the College of
(Course/Degree)
_____, to render his / her
(Name of College)
practicum in _____, located at _____
(Company/Institution)
_____.
(Address)

Please be informed on the following details of his / her assignments.

Job Title	
Branch/Department/Section	
To report to	
Working hours and days	
To complete (required hours)	
Effective Date	

Noted by:

CONFORME:

Company Representative
Signature over printed name

Student
Signature over printed name

Position

Department

Contact No. / Email Address