



# 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