



Report for Duty Form (C01/I01)

Person Concerned: Human Resource Department, Training and Development, or Staff Advisor

Name of Organization:.....

Address:.....

Province/City:Postal Code:.....

Contact Number:.....

E-mail:.....

To the Head of the Cooperative Education/Internship Program

I hereby confirm that our organization has accepted the following students to participate in our internship/cooperative education program.

1.....

2.....

3.....

The student(s) has arrived and report to work for the internship/cooperative education successfully on Date.....Month.....Year.....

until Date.....Month.....Year.....

Respectfully Yours,

Sign.....

(.....)

Position:.....