

CONFIRMATION AND ACCEPTANCE SLIP

To: Co-Operative Placement Coordinator

METHODIST PILLEY INSTITUTE

Jalan Lily, P.O.Box 760
96008, Sibul, Sarawak.

Attn: Ms. Alison Hii

Tel: 084-322268

Fax: 084-320623

From: Company Name:

Address:

Tel:

Fax:

I / We hereby **accept / do not accept** the student(s) for Industrial Placement.

Immediate Work Supervisor (Full Name)	
Position	
Contact Number	
Email	
Date	
Company Cop	
Signature	
Name of student(s) accepted	
Duration of Employment	
Working Days & Hours	
Allowance (Optional)	RM per month/ per day/ not applicable