

## CONFIRMATION AND ACCEPTANCE SLIP

**To:** Co-Operative Placement Coordinator

**METHODIST PILLEY INSTITUTE**

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

**Attn:** Cooperative Education & Career Services, Methodist Pilley Institute

**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.

|  |  |
|--|--|
| <b>Immediate Work Supervisor (Full Name)</b> |  |
| <b>Position</b>                              |  |
| <b>Contact Number</b>                        |  |
| <b>Email</b>                                 |  |
| <b>Date</b>                                  |  |
| <b>Company Cop</b>                           |  |
| <b>Signature</b>                             |  |
| <b>Name of student(s) accepted</b>           |  |
|  |  |
|  |  |
|  |  |
|  |  |
| <b>Duration of Employment</b>                |  |
| <b>Working Days &amp; Hours</b>              |  |

|                             |    |                                    |
|-----------------------------|----|------------------------------------|
| <b>Allowance (Optional)</b> | RM | per month/ per day/ not applicable |
|-----------------------------|----|------------------------------------|