



**Technical Education and Skills Development Authority  
NATIONAL LANGUAGE SKILLS INSTITUTE**

**EMPLOYMENT INFORMATION**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Language Course: \_\_\_\_\_ Training Schedule: \_\_\_\_\_

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This is to certify that the above-mentioned name is our employee and has a fixed work schedule of \_\_\_\_\_  
(time and day) that will not affect his/her training schedule in TESDA-NLSI.

Thank you.

\_\_\_\_\_  
(Printed Name and Signature)  
Designation: \_\_\_\_\_  
Department: \_\_\_\_\_  
Contact No.: \_\_\_\_\_



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