



**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: _____

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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