

SPECIAL PROGRAM FOR THE EMPLOYMENT OF STUDENTS
WORK PROGRAM
CY _____

Name of Establishment: _____

Address: _____

Work/Activity/ies	Expected Output/s	Department (Where assigned)	Start of Employment	No. of Days Worked	No. of Students	Name of Supervisor	Remarks

Prepared by:

PESO Manager/HR Manager

Approved by:

Chief Executive/Head of Office