

Internship Employment Agreement

Date

Intern Name:
Intern Address:
Intern Phone:

Employer Name:
Employer Address:

Supervisor Name:
Supervisor Title:

Internship Job Title:
Department:

Will the intern be paid? YES / NO

If yes, how much? \$_____ per _____

Internship Start Date:

Internship End Date:

Intern's Weekly Work Schedule:

	Start Time	End Time	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

List the specific duties/ responsibilities assigned to this internship position below:

Expectations of the Student Intern

As the student intern enters the company he/she is expected to assume, as much as possible, the role of a regular staff member. The responsibilities include:

1. Adhering to previously agreed upon work hours, policies, procedures and rules governing professional staff behavior.
2. Adhering to company policies governing the observation of confidentiality and the handling of confidential information.
3. Assuming personal and professional responsibilities for his/her actions and activities.
4. Maintaining professional relationships with company employees, customers and so forth.
5. Utilizing a courteous, enthusiastic, open-minded, critical approach to policies and procedures within the profession.
6. Relating and applying knowledge acquired in the academic setting to the company setting.
7. Developing a self-awareness in regard to attitudes, values, behavior patterns, and so forth that influence work.
8. Being consistent and punctual in the submission of all work assignments to the supervisor and faculty coordinator.
9. Providing the faculty coordinator with periodic progress reports.

Student Signature: _____ Date: _____

Expectations of the Internship Supervisor

It is the responsibility of the employer to provide direct, on-the-job supervision of the student intern, which includes the following:

1. Orienting the student intern to the company's structure and operations.
2. Orienting the student intern to the company's policies and procedures regarding appropriate dress, office hours, applicable leave policies.

3. Introducing the student intern to the appropriate professional and clerical staff.
4. Providing the student intern with adequate resources necessary to accomplish job objectives.
5. Affording the student intern the opportunity to identify with the supervisor as a professional staff person by jointly participating in office interviews, meetings, conferences, projects, and other personnel and management functions as learning opportunities.
6. Assigning and supervising the completion of tasks and responsibilities that are consistent with the student intern's role in the company.
7. Consulting the faculty coordinator in the event that the supervisor becomes aware of personal, communication or other problems that are disrupting the student intern's learning and performance.
8. Providing regularly scheduled supervisory meetings with the student intern regarding the student intern's performance.
9. Submitting an evaluation on the student intern's job performance.
10. Submitting a job description for the student intern by September 9, 2020.

Supervisor Signature: _____ Date: _____

Employment Agreement: Intern

I understand that employment at [Company Name] is part of an internship program and is expected to last no longer than the dates indicated above. The employer is under no obligation to offer full-time employment to the student prior to nor after graduation.

Intern Signature: _____ Date: _____

Employment Agreement: Employer

I understand that employment at [Company Name] is part of an internship program and is expected to last no longer than the dates indicated above. The student is under no obligation to the employer after completion of the prescribed work period(s) for an Internship.

Supervisor Signature: _____ Date: _____

Internship Wavier of Liability

By going into functioning programs, rather than remaining in an on-campus classroom, students may expose themselves to greater risks. For example, in many placements the host agency does not assume liability for injury or harm to the SUU students who serve/work/volunteer in the program. Likewise employees of these agencies are not personally responsible for harm which may come to SUU students in the course of their carrying out their services and educational activities. Southern Utah University similarly assumes no liability for any such risk.

Given the supervision and limited case loads, SUU students are rarely exposed to even as much risk or harm as ordinary human service workers. Nevertheless, the potential for transportation accidents, and some emotional or mental distress, is present. SUU students are expected to exercise reasonable caution and to provide their own insurance to cover such harm, should it occur.

Students are also expected to conduct themselves according to the host agency's policies and procedures and according to the training which they receive, so as to further reduce risks of harm.

The intent of the practicum/cooperative/internship courses is to provide academic credit to SUU students who wish to gain educationally meaningful field experiences. The student, as a legal adult, assumes primary responsibility for the consequences of his/her conduct, for accidents, and for other harm or injury that may occur, recognizing that this learning format is more active and involved than the traditional classroom setting.

By signing below I affirm that I have read this statement and have had my questions regarding risk and liability answered. Also, by signing below, I assume all risks that may be inherent in and associated with the internship(s) in which I will be involved. I also waive any claim against Southern Utah University, its agents and employees, for any harm, injury, damage or claim that may result from my involvement in the practicum(s), cooperative(s) and internship(s) experience which does not occur as a direct result of the University's gross negligence. I further agree to indemnify the University and hold it and its agents and employees harmless from any such harm, injury, damage or claim that affects me or someone else as a result of my involvement.

Student Signature: _____ Date: _____

SUU Course Credit Agreement

STUDENT NAME: _____ DATE: _____
SUU T# (or SOCIAL SECURITY NUMBER): _____
STUDENT PHONE NUMBER: _____

SEMESTER & YEAR INTERNSHIP PERFORMED: _____
SEMESTER INTERNSHIP CREDIT WILL BE APPLIED: _____

FORMULA FOR ESTABLISHING CREDIT FOR INTERNSHIPS		
Credits	Work Hours per Week	Total Work Hours per Semester
1	3-4	45
2	6-7	90
3	9-10	135
4	12-13	180
5	16-17	225
6	19-20	270
7	22-23	315
8	25-26	360
9	28-29	405

Formula for credit calculation (refer to table above):

HOURS PER WEEK x 14 WEEKS =

_____ **REGISTERED CREDIT HOURS FOR COMM 4890**