



Intern Work Plan

PLEASE PRINT

| | | | |
|---|--|---|--|
| Intern Title: | | Date: | |
| Supervisor Name: | | Supervisor Title: | |
| Supervisor's Phone: | | Supervisor's E-Mail: | |
| Department: | | Mentor's Name: | |
| Dates of Internship: | | Dates of Internship: | |
| Budget Amount Requested: | | Pay Rate: | |
| Description of Internship | | | |
| | | | |
| Goal(s) of Internship: | | | |
| | | | |
| Needs of intern – Department must check off what will be needed, and is responsible for ensuring the needs are met of the respective intern: | | | |
| <input type="checkbox"/> Phone <input type="checkbox"/> Desk <input type="checkbox"/> E-mail <input type="checkbox"/> Office Supplies | | <input type="checkbox"/> County badge <input type="checkbox"/> HR Orientation/paid and unpaid <input type="checkbox"/> EAF complete <input type="checkbox"/> Other - | |

Department Head

Date

Please submit completed for along with a Personnel Requisition Form (PRF) and job description to Human Resources.



Intern Work Plan

PLEASE PRINT