

Internship Proposal Development Form

State organizations interested in hosting an intern should utilize this form to plan and develop a proposed internship.

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|---|-----------------------------|---|--|
| Date: | | Name and title of Individual Completing Form: | |
| Agency: | Department: | Division: | |
| Site Intern Supervisor Name: | | Site Intern Supervisor Title: | |
| Site Intern Supervisor Phone: | Site Intern Supervisor Fax: | Site Intern Supervisor E-Mail | |
| Site Intern Supervisor Mailing Address: | | Internship Location: | |

Position Description: The following information can be used to create a position description that will be posted in VTHR. Be as concise and specific as possible. Students will apply for internships based on this information.

| | | |
|---|--------------------|---------------------------|
| Title of Internship Position (created by individual completing form): | | |
| Expected Start Date: | Expected End Date: | Estimated Hours per Week: |
| 1. Position Objective: | | |
| 2. Why is an intern needed? | | |
| 3. Major Tasks to be Performed: | | |
| 4. Minimum Qualifications: | | |
| 5. Final Product or Anticipated Outcomes: | | |

Position Info: Has your division RIFd any State Employees in the past 12-36 months? No Yes
If so, please provide position title(s), employee name(s) and date(s) of RIF:

Will the intern be performing duties similar to those required by a position eliminated by a RIF?
No Yes If so, please explain:

Compensation: Will the intern be **unpaid** or **paid**? *If you are unsure, please leave section blank.*

Unpaid Paid per Personnel Policy Number, 6.7 Internships

Resources available to intern: (e.g. office, computer):

Travel Required: No Yes

If so, how often? _____ Where? _____

Will intern be required to use personal vehicle? _____

Supervision: Describe how supervision will be provided to intern and how frequently.

Additional Comments: