

County of Riverside Student Internship Program

INTERNSHIP PERFORMANCE AGREEMENT

I, _____, agree to abide by the following conditions:
(Student Name)

1. To be in regular attendance and on time for the duration of my internship.
2. To conform to the regulations of the organization in which I am working with regards to dress and conduct.
3. To notify my supervisor in advance if I must be absent.
4. To notify the College Relations Specialist should any problems or concerns arise regarding my internship.
5. To complete the required timesheets and turn them in to the Temporary Assignment Program (TAP) in a timely manner each pay period.
6. Submit necessary school documentation in accordance with the guidelines.

Student Initials: _____

Student Phone: _____

Date: _____

(For Supervisor to Complete)

Supervisor Name: _____

Supervisor Phone: _____

Internship Site: _____

INTERNSHIP HOURS:

<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
_____	_____	_____	_____	_____	_____	_____

INTERNSHIP DATES:

Begins: ____/____/____ Ends: ____/____/____

Final Evaluation Conference Scheduled for: ____/____/____

Planned absences: _____

General intern responsibilities:

1. _____

2. _____

3. _____

Specific projects and products:

1. _____

2. _____

3. _____

Specific resources and strategies to be used:

1. _____

2. _____

3. _____

AGREED TO BY:

Student Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____