# CITY OF NEW HAVEN
## DEPARTMENT OF HUMAN RESOURCES
## INTERN REQUEST TO APPOINT FORM

**EMPLOYEE NUMBER**

Appointing Authority: Enter emp # if previously employed in any role.

***SECTION 1:*** **APPOINTEE INFORMATION**

**Name:** _____
Last Name First Name M. Initial Suffix

**Address:** _____
Street City State Zip

**Contact:** _____ _____
Personal Email Phone

**School Attending:** _____ **Current Grade Level:** _____

**Currently OR Previously** Employed with City / BOE? **Y / N** **If yes, title:** _____

***SECTION 2:*** **POSITION / APPOINTMENT INFORMATION**

Job / Recruitment #

Department & Division: _____

INDICATE EITHER: Paid Internship (1015) _____ or Unpaid Internship* (0115) _____

Funding Acct # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Hourly Rate: $ _____
Org # Object #

Internship Start Date: _____ Internship End Date: _____

Intern Work Schedule (days, start & end times): _____

Address / location of worksite: _____

***SECTION 3:*** **INTERNSHIP INFORMATION**

Please provide a detailed description of the intern's primary project(s) or assignment(s):

_____

How does the project(s) align with the intern's field of study or career interests?

_____

Who will be responsible for day-to-day supervision of the intern? _____

How frequently will feedback or check-ins occur with the intern? _____

Other Notes / Comments:

_____

*** For all Unpaid Internships:** This form must be accompanied by documentation from the student's advisor specifying what the student will receive upon successful completion of the internship (e.g., academic credits, required hours, etc.).

For HR / Payroll Use
Location Code: _____ Pers. Status: _____ Check Loc. Code: _____ EEO Function: _____ Dept #: _____

Respectfully submitted,

_____
Appointing Authority Name Printed

_____
Signature Date

**OPMG & HR approval(s):**