

Administrative Internship Request Form

Name: _____ Email Address: _____
 (Please print)

Current Position: _____ Current School Location: _____

Current Grade/Subject Taught: _____

Current Contract: Traditional / Year-round: _____ Track: _____
 (Circle one) (If applicable)

Admin. Certification Program/University: _____ Intern Advisor email: _____
 (Please print)

Do you have any relatives who currently work for Jordan School District? NO YES

If yes, state names and building(s)/location(s): _____

Out-of-district applicants MUST complete a background check at the time they submit their application.

Administrative Internship Schedule:

*All administrative internship hours must be pre-approved by June LeMaster, Administrator, Human Resources and completed "off contract time or outside your regular school assignment," if you are a current employee of Jordan School District. You may need to provide a calendar plan for utilizing personal/Alternative leave days. **This does not include LPP Interns.***

Summer internship hours at year-round schools are limited will only be available to current employees of Jordan School District on a first come basis. Please circle the months below when you are available to complete your internship hours.

	2018						2019					
<u>Elementary:</u>	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug
<u>Secondary:</u>	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug
<u>Special Ed:</u>	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug

Administrative Internship Placement Preferences

Elementary K-12 Feeder Systems:

___ Bingham ___ Riverton
 ___ Copper Hills ___ West Jordan
 ___ Herriman

Secondary K-12 Feeder Systems:

___ Bingham ___ Riverton
 ___ Copper Hills ___ West Jordan
 ___ Herriman

My signature below indicates that I understand my administrative internship hours must be pre-approved by June LeMaster, Administrator of Human Resources and I further agree to all administrative internship procedures and conditions of this internship.

 Signature of Administrative Intern Applicant

 Date

 Signature of University Intern Advisor (REQUIRED)

 Date

Please return this form to the Human Resource Department
 Attention: June LeMaster, Ph.D., Administrator, Human Resources

HR Department Use Only

Date BCI Completed: _____

Location #1: _____

Date: _____

Location #2: _____

Date: _____