

### 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: \_\_\_\_\_ Name of Intern Advisor: \_\_\_\_\_  
 (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. **This does not include LPP Interns.**

**Summer internship hours at year-round schools will only be available to current employees of Jordan School District.**

Please circle the months below when you are available to complete your internship hours.

	2017					2018						
<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

\_\_\_\_\_  
 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: \_\_\_\_\_