



Program Letter of Understanding

Student Name: _____
Intern Title: _____ Semester: _____
Company Name: _____
Supervisor Name: _____
Supervisor Title: _____

Supervisors and students are to read and sign this form.

This letter summarizes the understanding we have reached regarding the terms and conditions of your employment with _____ beginning _____. Please confirm that this letter accurately reflects your understanding regarding the internship and sign on the signature line below.

Intern:

- A. The internship will begin _____ and conclude on _____. The internship is completed upon 200 hours of a company specified work schedule. Scheduled hours are _____.
- B. Internship salary will be \$9.00 per hour, paid on the same cycle as regular, full-time employees, or via the Buffalo Urban League pay schedule. No benefits are provided for this internship.
- C. In your position as _____ responsibilities will include:

- D. As an intern, you are expected to maintain a professional, enthusiastic attitude in the workplace and towards various projects. You are expected to conduct yourself in an ethical and trustworthy manner at all times. You are expected to adhere to company policies and maintain confidentiality if working on professional projects. Professional dress attire is required. Interns are to be drug and alcohol-free.

Supervisor:

- A. I have reviewed candidate's qualifications and resume and am confident in their ability to assume responsibilities stated above.
- B. I understand that it is my responsibility to review the intern's progress and provide feedback, as well as provide responsible supervision and mentoring when needed.
- C. I understand my facilitation role in the intern achieving the learning objectives set forth in the company application. I am committed to making sure the intern's duties and responsibilities fulfill the learning objectives.



I have read this form and agree to the terms listed above.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____