# APPENDIX B – EMPLOYER AGREEMENT

**EMPLOYER AGREEMENT**

(To be completed by Intern and Employer/Site Supervisor and submitted concurrently with Appendix A)

**TERMS OF THE AGREEMENT:**

NAME OF BUSINESS/ORGANIZATIONagrees to participate in the Black Hills State University

Internship Program by accepting FIRST AND LAST NAME OF INTERN as an intern from FROM DATE to TO DATE.

Ending date of internship is to be 1st Monday in December for fall; 1st Monday in May for spring; 1st Monday in August for summer internships. The student may continue to be employed beyond this date.

Specific responsibilities, duties, and compensation have been negotiated between the parties involved and are detailed below. It is understood that these duties and responsibilities will be monitored throughout the internship experience by the Intern, the Site Supervisor, and the BHSU Internship Coordinator. All parties will participate in the evaluation process through scheduled contacts and written materials.

**DUTIES AND TASKS TO BE ASSIGNED**:

On a separate sheet of paper, list the specific duties and tasks the intern will be assigned and responsible for during the internship period. Please be as specific and detailed as possible, as the number and variety of entries will determine the number of credit hours to be awarded and serve as the basis for the student performance objectives.

**TERMS AND CONDITIONS OF EMPLOYMENT:**

**WORK SCHEDULE AND TOTAL WORK HOURS:** ENTER WORK SCHEDULE AND TOTAL HOURS ANTICIPATED

**TERMS OF COMPENSATION:** COMPENSATION

*Compensation in accordance with state and federal employment guidelines should be adhered to. See the U.S. Department Fact Sheet:*

[**http://www.dol.gov/whd/regs/compliance/whdfs71.htm**](http://www.dol.gov/whd/regs/compliance/whdfs71.htm)

Yes  No

**I UNDERSTAND THE STUDENT INTERN IS TO SUBMIT A PHOTO OF HIS/HER WORK ENVIRONMENT WITH THE COMPANY LOGO THAT WILL NOT VIOLATE ANY CONFIDENTIAL OR PROPRIETARY INFORMATION. MY PERMISSION IS GRANTED FOR THIS PHOTO.**

**SIGNATURES:**

Completion of this form will enable the student to be considered for the proposed internship. Upon obtaining the signatures and information below, the student is to return this Employer Agreement to the Internship Coordinator for review. If approved, a copy of the signed Agreement will be mailed or emailed to the participating employer. If the internship is not approved, the employer will be notified.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Student Intern’s Signature) | (Date/Preliminary Agreement) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Site Supervisor’s Signature) | (Date/Preliminary Agreement) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Site Supervisor's name and title-please print) | (Telephone number) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Company Name and Address) | (Supervisor Email Address) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Internship Coordinator Signature ) | (Date) |

**THANK YOU FOR YOUR WILLINGNESS TO SERVE AS AN INTERNSHIP PARTNER!**