

The Ralph W. Ketner School of Business  
Experiential Learning

EMPLOYEE AGREEMENT FORM-TO BE COMPLETED BY SITE SUPERVISOR

Intern Site (name of organization, agency, or business):

Site Supervisor's Name: \_\_\_\_\_

Intern's Name: \_\_\_\_\_

Site Supervisor's phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Site Supervisor's email address: \_\_\_\_\_

Date of the Internship \_\_\_\_\_ To \_\_\_\_\_

Intern's schedule: Total hours per week \_\_\_\_\_ Days per Week \_\_\_\_\_

Stipend or compensation for student (if any): \_\_\_\_\_

List actual duties/responsibilities to be performed by the student during the internship, please be as specific as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What training/orientation will be provided for the intern? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The evaluation of the student intern's performance by the site supervisor is a key component in the academic internship process. Your signature will indicate that the following will be used to evaluate the intern's performance:

- ❖ observation of student's work
- ❖ feedback to student
- ❖ completion of evaluation forms (which will be provided) at the end of internship
- ❖ consultation with faculty sponsor or director of internships, as appropriate
- ❖ other: \_\_\_\_\_

Print name of site supervisor: \_\_\_\_\_

Signature of site supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Experiential Learning Coordinator \_\_\_\_\_

Date \_\_\_\_\_