

State Universities Civil Service System

REQUEST TO ESTABLISH APPRENTICE/INTERN PROGRAM

<p>Class:</p> <p>Effective Date:</p> <p>Employer:</p> <p>_____</p> <p>Designated Employer Representative</p> <p>Date:</p>	<p>Program Type:</p> <p><input type="checkbox"/> Intern Appointment</p> <p><input type="checkbox"/> Apprentice Appointment</p> <p>Nature of Program:</p> <p><input type="checkbox"/> Group</p> <p><input type="checkbox"/> Individual *</p> <p><input type="checkbox"/> Supported Employee *</p> <p>*Name: _____</p> <p>Program Duration: _____</p>
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<p>Indicate how applicants are to be selected for program participation:</p>	<p>Indicate position title and name of individual(s) who will be responsible for evaluating program participants:</p>
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PROGRAM DETAILS:

Compensation Program to be applied to participants:

Salary Rate(s)	% of range minimum	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Please note that the starting salary may be no more than 95% of the minimum of the approved pay range and the ending salary may be no more than 95% of the midrange of the approved pay range for the class.**

Schedule of training to be provided; i.e., program details, dates, subject matter, standards of progress, method of evaluation (attach additional pages as needed):

Indicate current composition of employment register(s) for designated class:

Executive Director's Action

Approved

Returned (see attached)

Date

Executive Director