



Internship Request – Jewish Board Employee

Name: _____ Date Submitted: _____

Job Information (current):

Program: _____ Supervisor: _____

Position/Title: _____ Date of Hire into Current Position: _____

Work Schedule, Hours/Days: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

School Information:

Internship Year is: 2021-2022 2022-2023 2022-2023

School Name: _____

Program Type and Degree: _____

School's Required Number of Internship Hours: _____

School Field Advisor Name and Contact Details: _____

Additional information about school or school requirements for the internship, if applicable:

Internship Information:

Option 1: Internship in Current Program

I will complete my internship in my current program and my director has agreed that this is possible, as described below.

Description of internship in current program: _____

My internship assignment is different than the work that I do in my current position in the following ways:

Number of hours per week that I will be assigned to internship duties: _____

My work hours/schedule will be adjusted to accommodate my internship: Yes No

My current work assignments will be fulfilled, as described here:



Internship Schedule, Hours/Days:

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

Work Schedule, Hours/Days, if applicable:

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

Field Instructor/Internship Sup: _____ Has SIFI, if MSW program? Yes No

Option 2: Internship in a Different Jewish Board Program

I will complete my internship in a different Jewish Board program and my director and the internship program director have agreed that this is possible, as described below.

Internship Program: _____

Field Instructor: _____ Has SIFI, if MSW program? Yes No

Description of internship: _____

Number of hours per week that I will work in internship program: _____

My work hours/schedule will be adjusted to accommodate my internship: Yes No

Internship Schedule, Hours/Days:

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

Work Schedule, Hours/Days, if applicable:

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

Signatures/Dates:

Employee Name, Signature and Date: _____

Current Program Director Name, Signature and Date: _____

Internship Program Director Name, Signature and Date: _____

Central Approval Name, Signature and Date: _____