

# JORDAN SCHOOL DISTRICT

## Human Resource Department Administrative Internship Request Form

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Current Position: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Current Contract: Traditional/Year Round \_\_\_ Track Home Phone: \_\_\_\_\_  
(Please Circle One) Email Address: \_\_\_\_\_

Current School Location: \_\_\_\_\_ Administrative Certification Program: \_\_\_\_\_

Name of Intern Advisor: \_\_\_\_\_  
(Please Print)

### **Administrative Internship Schedule:**

*All administrative internship hours must be pre-approved by June LeMaster, Executive Director of Human Resources and completed "off contract time or outside your regular school assignment," if you are a current employee of Jordan School District. This does not include LPP Interns or those interns placed by and receiving pay through the district.*

*Please circle the months below when you are available to complete your internship hours.*

Elementary: Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June July

Secondary: Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June July

Special Ed: Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June July

### **Administrative Internship Placement Preferences:**

#### Elementary K-12 Feeder Systems:

Bingham                  Copper Hills  
Riverton                  West Jordan

#### Secondary K-12 Feeder Systems:

Bingham                  Copper Hills  
Riverton                  West Jordan

*My signature below indicates that I understand my administrative internship hours must be pre-approved by June LeMaster, Executive Director of Human Resources and I further agree to all administrative internship procedures and conditions of this internship.*

\_\_\_\_\_  
*Signature of Administrative Intern*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of University Intern Advisor*

\_\_\_\_\_  
*Date*

**Please return this form to the Human Resource Department  
Attention: June LeMaster, Executive Director**