



**INSTRUCTIONS**

No Intern should start without clearance.

The information contained in this form shall be used in connection with all intern activities for the Los Angeles Community College District.

**Intern:** Complete Section 1 and forward the form to the intern service area supervising administrator. Forward your Live Scan Form and Report of Convictions form to the Campus Personnel Office.

**Supervising Administrator:** Complete Administrative Use Only Section, sign, and date this form and forward to the Campus Personnel Office.

**Campus Personnel Office:** Forward this form to the ESC Human Resources Office and forward the Live Scan Form and the Report of Convictions Form to the Office of Employer Employee Relations for review.

No intern shall commence activity prior to getting full clearance by Human Resources.

**SECTION 1. INTERN INFORMATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ ALTERNATE TELEPHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

INTERN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

**INTERN ACTIVITY DESCRIPTION (TO BE COMPLETED BY SUPERVISING ADMINISTRATOR)**

DEPARTMENT \_\_\_\_\_ LOCATION \_\_\_\_\_

CONTACT PERSON/IMMEDIATE SUPERVISOR \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

DESCRIPTION OF INTERN ACTIVITIES (PLEASE ELABORATE): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATES NEEDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

I HAVE REVIEWED THE DESCRIPTION OF DUTIES AND CONFIRM THAT THE AFOREMENTIONED INTERN WILL NOT BE PARTICIPATING IN THE DUTIES OF ANY BARGAINING UNIT EMPLOYEES.

VICE PRESIDENT OR DESIGNEE PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

VICE PRESIDENT OR DESIGNEE SIGNATURE \_\_\_\_\_

**HEAD OF HUMAN RESOURCES USE ONLY**

Clear:	Do not clear:	Approved by/Date:
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