APPENDIX B
EMPLOYER AGREEMENT

(To be completed by Intern and Employer/Site Supervisor and submitted concurrently with Appendix A)

TERMS OF THE AGREEMENT:

____________________________________________________________________
(Name of Business/Organization)

agrees to participate in the Black Hills State University
Internship Program by accepting _______________________________ as an intern
(Name of intern)

from ______/____/____ to ______/____/____.
(Beginning Month/Day/Year and Ending Month/Day/Year)

Ending date of internship is to be 1st Monday in December for fall; 1st Monday in May for spring; 1st Monday in August for summer internships. The student may continue to be employed beyond this date.

Specific responsibilities, duties, and compensation have been negotiated between the parties involved and are detailed below. It is understood that these duties and responsibilities will be monitored throughout the internship experience by the Intern, the Site Supervisor, and the BHSU Internship Coordinator. All parties will participate in the evaluation process through scheduled contacts and written materials.

DUTIES AND TASKS TO BE ASSIGNED:

On a separate sheet of paper, list the specific duties and tasks the intern will be assigned and responsible for during the internship period. Please be as specific and detailed as possible, as the number and variety of entries will determine the number of credit hours to be awarded and serve as the basis for the student performance objectives.

TERMS AND CONDITIONS OF EMPLOYMENT:

Hours:_______________________________________________________________

Terms of compensation:______________________________________________

Compensation in accordance with state and federal employment guidelines should be adhered to. See the U.S. Department Fact Sheet:
http://www.dol.gov/whd/regs/compliance/whdfs71.htm

☐ Yes ☐ No
I understand the student intern is to submit a photo of his/her work environment with the company logo that will not violate any confidential or proprietary information. My permission is granted for this photo.
SIGNATURES:

Completion of this form will enable the student to be considered for the proposed internship. Upon obtaining the signatures and information below, the student is to return this Employer Agreement to the School of Business Internship Coordinator, SD CEO, for review. If approved, a copy of the signed Agreement will be mailed or emailed to the participating employer. If the internship is not approved, the employer will be notified.

________________________________        ______________________
(Student Intern’s Signature)            (Date/Preliminary Agreement)

________________________________         ______________________
(Site Supervisor’s Signature)       (Date/Preliminary Agreement)

_________________________________ ______________________
(Site Supervisor's name and title-please print) (Telephone number)

__________________________________ _______________________
(Company Name and Address) (Supervisor Email Address)

___________________________________ ____________________
(School of Business Internship Coordinator) (Date)

THANK YOU FOR YOUR WILLINGNESS TO SERVE
AS AN INTERNSHIP PARTNER!