

ATTACH DUTY STATEMENT

It is understood that all academic credits are to be arranged by the Intern and CSUSB prior to the start of the internship. CSUSB assumes the collateral responsibility with the organization's Internship Coordinator to see that the Intern fulfills the terms of the Agreement.

Intern Attendance Agreement Form

Start Date _____

End Date _____

Total Hours Per Week _____

Work Schedule _____

When running more than 15 minutes late, please call your assigned supervisor. Excellent attendance is an expectation of all employees. When you need to be absent or if you need to modify your schedule, please notify your supervisor as soon as possible.

Intern Signature _____

Date _____

Supervisor Signature _____

Date _____

*Please provide a copy to the intern. Keep a copy for your records and return the completed form to
The department's Internship Coordinator*

Form to be completed by Intern