## NEW JERSEY CIVIL SERVICE COMMISSION STUDENT INTERN PROGRAM LOCAL EMPLOYEE AGREEMENT FORM

AG	ENCY NAME:		
ST	UDENT NAME:		
ST	ART DATE:	END DATE:	
ΤA	RGET TITLE:		
TA	RGET TITLE CODE:		
1.	The performance of		
	will be reviewed and assessed during the course of the internship program. There will be a mid-term assessment and final assessment leading to permanent appointment into the targeted title. All assessments will be on a pass/fail scale.		
	In Stage 1,	(OTUDENT INTERNIC MANE)	
	title code 29037) and serve on an "at will basis" accruing no seniority, nor have any employee benefit or statutory rights afforded to employees in the career service.		
3.	In Stage 2,	(OTUDENT INTERNIC MANE)	
	System regulations. The local jurisd health benefit program. Upon	prorated basis following existing Merit iction will follow the rules governing the successful completion of Stage 2, tain permanent status in the non-	
	competitive division title of Student Assistant (using title code 03807).		
4.	In Stage 3,		
	will have the opportunity to promote from the Student Assistant (03807) title to the approved target title through established promotional procedures and will be required to complete a working test period of three (3) months.		
5.	Once		
	is appointed to the target title the	TINTERN'S NAME) Student Assistant will be required to e participating agency before they will be remployment outside of the agency.	

6. The Student Intern must continue to progress in his/her studies to meet the requirements of the targeted title and maintain his/her status as a student in good standing.

- 7. The Student Intern must comply with the work schedule set for them and complete work assignments.
- 8. The Student Intern is not eligible for membership in a collective bargaining unit until Stage 3 of the Student Internship Program.

Compensation			
The Student Intern			
will be compensated in the following manner:			
Stage 1:  (AA must provide the hourly rate for Stage)	a 1 per program plan)		
Stage 2:  (AA must provide the hourly rate for Stage  Stage 2:  (A must provide the hourly rate for Stage)	2 per program plan)		
Stage 3:  (AA must provide the hourly rate for Stage 3 per program plan)			
Benefits			
	will		
(NAME OF AGENCY) follow the rules governing the health benefit program.			
ACKNOWLEDGEMENT			
I			
(STUDENT INTERN'S NAM understand the requirements of the Student Intern P standards and criteria set forth. I understand th successful completion of the Internship program I will position with	rogram and agree to the at upon graduation and		
(AGENCY NAME)	·		
Once I accept full-time permanent status in the target to be required to serve for at least one full year.	itle, I understand that I will		
Signature of Employee/Intern:	Date:		
Print Employee/Intern Name:			
Name of Agency:			
Signature of Agency Executive or Appointing Authority:	Date:		