

2021 State of Wisconsin Student Diversity Internship Program

Return this form no later than February 15, 2021 to doadpmbei@wisconsin.gov

For questions please e-mail your Agency Intern Coordinator or angelal.nash@wisconsin.gov

Agency Internship Coordinator*:	
Agency*:	
Division/Unit:	
Internship Class Title (e.g., IS Professional in Training)*:	
Internship Working Title (e.g., IT Desktop Support)*:	
Number of Hires*:	
Minimum Hourly Rate*:	
Maximum Hourly Rate:	
Number of Hours per Week*:	
Length of Internship (ex. 12 weeks; duration of SWSDIP):	
Internship Position Location (City)*	
Can the employee telework?*	
Intern's Supervisor*:	
Intern's Supervisor E-mail*:	
Brief Description of Duties*: (Minimum 200 Characters, Maximum 1500 Characters)	
Brief Description of Knowledge & Skills Preferred*: (Minimum 100 Characters, Maximum 1000 Characters)	

By submitting this form, I assert that I have the designated authority to enter into an employment agreement and agree to the terms set forth in this document.

Name of Individual Submitting Form

Title

* denotes a required field