



EMPLOYEE OUTSIDE INTERNSHIP/PRACTICUM APPLICATION FORM

ADMIN01D901EIPA2

INSTRUCTIONS: *This form should be completed by all DCS employees requesting approval to participate in an outside internship or practicum. Part A of this form must be completed by the DCS employee. Part B and Part C must be completed by the DCS employee's DCS Supervisor/Work Unit Manager. Part D must be completed by the Deputy Director of Staff Development only if the Supervisor/Work Unit Manager has denied this request based on a conflict of interest and recommends an ethics conflict resolution.*

PART A: To be completed by DCS employee

DCS Employee Name:
Title:
Location:
Office Phone:
Email:
Internship or Practicum Business Name:
Internship or Practicum Business Address:
Internship or Practicum Business Phone:
Nature of Business:
Internship or Practicum Title:
Summary of Duties:
Proposed Work Schedule:
Proposed Weekly Hours:
My signature below indicates that I have completed Ethics Training for the State of Indiana and that I have reviewed I.C. 4-2-6, the Indiana statute regarding Ethics and Conflicts of Interest for State Employees, and 42 I.A.C 1, Indiana Code of Ethics for state employees. I understand my responsibility to protect the confidentiality of all information I receive in my employment with the Indiana Department of Child Services (DCS). The proposed internship/practicum will not interfere with my ability and availability to perform my job responsibilities with DCS. I agree to notify my Supervisor/Work Unit Manager in the event that any conflict of interest arises or if any of the duties associated with the internship/practicum change.
Signature _____ Date _____

PART B: To be completed by DCS Supervisor/Work Unit Manager:

DCS Supervisor/Work Unit Manager Name:
Title:
Office Phone:
Email:
Select one of the following: A. <input type="checkbox"/> My signature below indicates that the employee listed above has been approved by me for participation in the internship or practicum aforementioned. I have reviewed the applicable conflict of interest statutes and proposed work schedule and have found that no conflict of interest exists. B. <input type="checkbox"/> My signature below indicates that I have not granted this request based on a conflict of work schedule. C. <input type="checkbox"/> My signature below indicates that I have denied this request based on a conflict of interest and no Ethics Conflict Resolution is recommended. D. <input type="checkbox"/> My signature below indicates that I have conditionally approved a recommendation for an Ethics Conflict Resolution contingent on the satisfactory receipt of the following forms: <input type="checkbox"/> Ethics Conflict Resolution Outside Internship or Practicum Employee Agreement <input type="checkbox"/> Ethics Conflict Resolution Internship or Practicum Agency Agreement
Signature_____ Date_____

Part C: To be completed by DCS Supervisor/Work Unit Manager (if letter "D" above was selected):

My signature below indicates that I have approved a recommendation for an Ethics Conflict Resolution. I have received the following signed documents: <input type="checkbox"/> Ethics Conflict Resolution Outside Internship or Practicum Employee Agreement <input type="checkbox"/> Ethics Conflict Resolution Internship or Practicum Agency Agreement
Signature_____ Date_____

PART D: To be completed by Deputy Director for Staff Development

Deputy Director for Staff Development Name: _____

Select one of the following:

- A. My signature below indicates that the internship or practicum referenced above constitutes an irreconcilable conflict of interest with the employee's official DCS duties and the employee's request has therefore been denied.
- B. My signature below indicates the employee has been approved for the internship or practicum, contingent upon compliance with the Ethics Conflict Resolution, if applicable. A copy of all related forms has been provided to the Ethics Officer.

Signature _____ Date _____