

# INTERNSHIP COMPLETION DATA

DEPARTMENT \_\_\_\_\_ ORG. UNIT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

THE FOLLOWING INTERN COMPLETED AN INTERNSHIP WITH MY DEPARTMENT:

\_\_\_\_\_  
Last,                      First                      M.I.                      Social Security Number

\_\_\_\_\_  
Number of Hours Worked As An Intern                      Date

\_\_\_\_\_  
Appointing Authority Signature                      Phone Number

**This information must be provided so that the Intern will receive credit for being enrolled in the Intern Development Program.**

**UPON COMPLETION OF AN INDIVIDUAL INTERNSHIP, THE DEPARTMENT MUST COMPLETE THIS FORM AND SEND TO:**

Internship Coordinator  
Iowa Department of Administrative Services – Human Resources Enterprise  
Grimes Building  
400 East 14<sup>th</sup> Street  
Des Moines, Iowa 50319-0150