



### **Internship Handbook**

### **Sign Off Sheet- Work Experience Program**

By signing below, you acknowledge that you have received, read and understand the information put forth in the Internship Handbook. You acknowledge understanding of the pay periods and when to expect your checks. You understand that violating the expectations of the program could result in disciplinary action up to and including termination. You also understand that termination from these programs makes you ineligible for participation in future programs.

Print your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_