



# APPLICATION FOR EMPLOYEE OUTSIDE INTERNSHIP / PRACTICUM

State Form 54333 (R / 12-22)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** This form should be completed as follows:

1. **Part A** of this form is to be completed by an employee seeking an internship/practicum outside of the Indiana Department of Child Services (DCS);
2. The employee should then submit the form to the employee's direct manager or supervisor or designee to complete **Part B** and determine whether the internship/practicum interferes with the DCS employee's work schedule. The employee's direct manager or supervisor or designee will then submit the form to the DCS Ethics Officer or designee;
3. The DCS Ethics Officer or designee will:
  - a. Complete **Part C** and approve or deny the internship/practicum; and
  - b. Send a copy of this form to the Deputy Director of Staff Development for their records and to the employee's direct manager or supervisor or designee to be placed in the employee's personnel file after final approval.

**Note:** See policy [GA-8 Employee Outside Internships and Practicum](#) for additional information.

## PART A (To be completed by the DCS employee.)

Name of DCS employee		Title	
DCS office location			
Office telephone number (     )		Email address	
Name of internship/practicum business		Telephone number of in internship/practicum business (     )	
Address of internship/practicum business (number and street, city, state, and ZIP code)			
Nature of internship/practicum business		Title of internship/practicum	
Summary of duties			
Proposed internship/practicum schedule		Proposed internship/practicum weekly hours	
<p><b><i>My signature below indicates that I have completed the ethics trainings for state employees offered and required by the Indiana Office of Inspector General and DCS. I understand my responsibility to protect the confidentiality of all information I receive in my employment with DCS. I have read and understand the DCS Code of Conduct. 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 in the event that any potential or actual conflict of interest arises or if any of the duties associated with the internship/practicum change.</i></b></p>			
Signature of DCS employee		Date (month, day, year)	
Printed name of DCS employee			

## PART B (To be completed by the DCS employee's direct manager or supervisor or designee.)

Name of DCS supervisor		Title	
Office telephone number (     )		Email address	
<p>Select one (1) of the following:</p> <p><input type="checkbox"/> A. My signature below indicates that I have granted this request because the internship or practicum does not interfere with the employee's work schedule at DCS.</p> <p><input type="checkbox"/> B. My signature below indicates that I have not granted this request based on a conflict of work schedule.</p>			
Signature of DCS direct manager or supervisor or designee		Date (month, day, year)	
Printed name of DCS direct manager or supervisor or designee			

**PART C (To be completed by the DCS Ethics Officer or designee.)**

Select one (1) of the following:

- A. My signature below indicates that the employee has been approved for the internship / practicum.
- B. My signature below indicates that the employee has been denied the internship/practicum referenced above because it constitutes a conflict of interest with the employee's official DCS duties.

Signature of Ethics Officer or designee

Date (month, day, year)

Printed name of Ethics Officer or designee