



# APPLICATION FOR EMPLOYEE OUTSIDE INTERNSHIP / PRACTICUM

State Form 54333 (7-10)  
DEPARTMENT OF CHILD SERVICES

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

Name of DCS employee		Title
DCS location		
Office telephone number ( )	E-mail address	
Name of internship business		Telephone number of internship business ( )
Address of internship business (number and street, city, state, and ZIP code)		
Nature of business	Title of internship / practicum	
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, 40 IAC 2, Indiana Code of Ethics for the Conduct of State Business, and 42 IAC 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 in the event that any conflict of interest arises or if any of the duties associated with the internship/practicum change.		
Signature of DCS employee		Date (month, day, year)
Printed name of DCS employee		

### PART B (To be completed by DCS supervisor.)

Name of DCS supervisor		Title
Office telephone number ( )	E-mail address	
Select one of the following:		
<input type="checkbox"/> A. My signature below indicates that the employee listed above has been approved by me for participation in the internship / practicum mentioned above. I have reviewed the applicable conflict of interest statutes and have found that no conflict of interest or work schedule exists.		
<input type="checkbox"/> B. My signature below indicates that I have not granted this request based on the following conflict of interest:		
<input type="checkbox"/> C. My signature below indicates that I have not granted this request based on a conflict of work schedule.		
Signature of DCS supervisor		Date (month, day, year)
Printed name of DCS supervisor		

### PART C (To be completed by Deputy Director for Staff Development.)

Select one of the following:		
<input type="checkbox"/> A. My signature below indicates that the employee has been <u>approved</u> for the internship / practicum.		
<input type="checkbox"/> B. My signature below indicates that the internship/practicum referenced above constitutes a conflict of interest with the employee's official DCS duties and the employee's request has therefore been denied.		
<input type="checkbox"/> C. The DCS Ethics Officer was consulted for an advisory opinion. Based on the opinion of the DCS Ethics Officer, the employee's requested internship / practicum has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Signature of Deputy Director for Staff Development		Date (month, day, year)
Printed name of Deputy Director for Staff Development		