

State Universities Civil Service System

1717 Philo Road, Suite 24
Urbana, IL 61802-6099

REQUEST TO ESTABLISH APPRENTICE/INTERN PROGRAM

Classification: _____ Effective Date: _____

Program Type: Intern Appointment Apprentice Appointment

Nature of Program: Group Individual *

* Employee Name: _____

Program Duration: _____

Indicate how applicants are to be selected for program participation:

Indicate position, title, and name of individual(s) who will be responsible for evaluating program:

PROGRAM DETAILS:

Compensation Program to be applied to participants:

Current Pay Range*	Hourly Rate	% of range minimum	Duration
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* The Current Pay Range is the pay range submitted to and approved by the University System Office. This range can be found at our website under the class specifications details of the requested classification.

NOTE: The starting hourly rate may not be more than 95% of the minimum of the approved pay range.

Schedule of training to be provided; i.e., program details, dates, subject matter, standards of progress, method of evaluation (attach additional pages as needed):

Indicate current composition of employment register(s) for designated class:

University/Agency: _____

Date: _____

DER signature: _____

Executive Director's Action

- Approved** **Returned (see attached)**

Executive Director or Designee Signature

Date

Send completed form to the following email:

cecddivision@sucss.illinois.gov