



BUREAU OF INDIAN AFFAIRS PATHWAYS INTERNSHIP PROGRAM

Host Office Intern Request

PURPOSE: To initiate a request for one or more interns. Requestors that volunteer to host an intern should accurately describe the work tasks and training assignments for the intern(s) to improve recruiting and skill matching for the host unit. In all cases, it should be noted that the student intern's work schedule should not conflict with the intern's academic progress or schooling. Interns must be hosted by the Bureau of Indian Affairs (BIA) but may be placed with tribe or tribal organization. When interning with a Tribe, certain administrative requirements are retained by the BIA (time and attendance, travel, etc.). Procedural questions completing this request or other aspects should be addressed OTSPathways@bia.gov.

Preferences

Number of Interns Requested: _____

Start and End Dates: Start on _____ End on _____ Hours Per Week _____

Purpose and Length: Workforce planning (*job shadowing/succession planning*) Special Project (*short-term*)

Proposed Schedule: Summer and during breaks Year-round

Degree Program: Biological Sciences (*i.e., forestry, rangeland, natural resource management, soil science or conservation, etc.*)
 Physical Sciences (*geography, hydrology, land surveying, etc.*)
 Other Describe: _____

Fire Assignments? Yes No Do you anticipate the **intern** will receive fire assignments? **If Yes, Contact Pathways.**

There are HR requirements that must met/ completed **BEFORE** an intern takes a fire assignment. For instance, ensure intern is red-card qualified for arduous duty firefighting and meets the medical and performance requirements, before amending the Student Trainee PD's duties, physical demands (hardship or hazard duties), and work environment using DI 615 (15-20%). Provide Jetport ID _____ and provide dispatch unit ID _____

Hosting Office Information and Intern Work Site Location (One form per location)

	<u>REGION, AGENCY</u> (Required)	<u>TRIBE, TRIBAL ORGANIZATION</u> (If applicable)
Host Supervisor Name:	_____	_____
Office Name:	_____	_____
BIA Region:	_____	_____
Address (Physical Location):	_____	_____
Telephone and Email:	_____	_____
QT Certifier and Timekeeper:	_____	
Travel Arranger:	_____	

Are lodging accommodations available? Yes No **If YES, provide description:**

Are there any other in-kind contributions / cost sharing / leverage opportunities provided (*travel expenses, local, tribal or formal training opportunities, tuition assistance, other*)? Yes No **If YES, provide description:**

Provide brief summary description of the work and training for intern(s), indicate primary focus (*you may attach page with details*):

Requesting/Approving Official

Name and Title, Signature: _____ Date: _____

* Document must be submitted a minimum of 30 days prior to the begin date of placement. If there are any changes to the begin and end dates, resubmit the form.