FIU INTERN Application-Supervisor Form (B)

**Supervisor Instructions**: Please complete this application and consult with your HR Liaison for any internal processes. If the Intern requires AD account access, application A & B must be attached to an online POI request. If the Intern DOES NOT need AD account access, please submit application A & B as one legible PDF attachment to volunteers@fiu.edu

Does this internship adhere to CTD guidelines? Click here for more information Internships | Career and Talent Development | Career and Talent Development (fiu.edu)

☐ Yes ☐ No

First and Last Name of Intern: ____________________________ Department Name: ____________________________
Name of Supervisor: ____________________________ Supervisor Panther ID#: ____________________________
Office extension#: ____________________________ Supervisor Email: ____________________________
Requested Start Date: ____________________________ Requested End Date: ____________________________
Standard Hours per week: ____________________________ Location of Intern Services: ____________________________

Detailed description of duties (**Must include purpose, project title, and Project ID# (if applicable)**)

*Note: Cannot be duties that are currently for a paid employee.*

Please review the list below and select “Yes” or “No” if the intern will have “hands on” duties in any of these laboratories.

- Hazardous Chemicals/Biosafety Level 2
- Greenhouse
- Clinic area
- Animal Facility
- Research diving/Boating Facilities

☐ Yes ☐ No

If yes, please submit a person of interest (POI) request type: Research Labs along with the EH&S risk assessment form below for EH&S, ORED and TAM-HR approval

Please select those duties that apply to the Intern (These duties may require a background check and/or fingerprinting)

*Note: Interns CANNOT drive on behalf of the university.*

☐ Will this role be interning at the Center for Children and Families?
☐ Will this role require entering any K-12 Schools? (**Those providing services in K-12 Schools will require MDCPS Clearance at a cost.**)
☐ Will this role be handling/managing checks, gift cards, debit/credit cards and/or cash equivalent?
☐ Will this role be conducting Information Technology functions at the university, e.g. IT Technician, Application/ERP Developer, IT Security, Data/System, Analysts etc.?
☐ Will this role provide service in the Athletics department?
☐ Will this role be traveling with Athletics teams to events?
☐ Will this role be in any special trust, responsibility, and sensitive locations (Museums, Housing Residential Life, NFSTC, etc.)?
☐ Will this role be providing services within FIU Children’s Creative Learning Center (CCLC) or FIU Embrace?
☐ Will this role be providing services in a FIU sponsored Summer Camp? (**Those providing services in Camps will require DCF Clearance at a cost**)

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I acknowledge that it is my responsibility to assure that proper training, personal protective equipment, and safety information is provided to the Intern before assignment of any task and that appropriate consideration has been given to security issues associated with this assignment. Depending on the nature of the intern work, I acknowledge and agree that personal protective equipment appropriate for, and specific to, laboratory hazards will be provided to any Intern. If the Intern work involves a laboratory, I state that my laboratory is in full compliance with all applicable Florida International University safety programs and regulations.

If the Intern is a minor, I acknowledge that I have read, understand, and will adhere to the FIU’s Policy I agree that the minor Intern(s) will be always supervised while in the laboratory and never left alone. I agree not to have minors perform services that are not in compliance with the Child Labor Laws.

Supervisor Signature: ___________________________ Date: ______________________

DEPARTMENT APPROVAL: (Required if AD access is not required, and application is not attached to a POI request)
I have reviewed the application and authorize the Intern to work on the above referenced project.

Print Department Manager Name: ____________________________________________
Department Manager Signature: ___________________________ Date: ________________

EH&S & ORED (When Applicable):
Recommended: □ Yes □ No ________________________________
Reviewed by: ___________________________ Date: ______________________

EH&S Signature: __________________________________ Date: ________________
ORED Signature: __________________________________ Date: ________________

TAM-HR
Date Received: __________________ Reviewed by: __________________
Cleared: □ Yes □ No □ N/A
Date Cleared: __________________
TAM-HR Approval Signature: __________________________________ Date: ________________
**Supervisor Instructions:** Please check off any materials or equipment that will be used during the assignment. Attach all other application forms to the Intern or Research Lab POI request online before beginning any hands-on-work.

To comply with University EH&S policies, the following information must be obtained for the application to be properly reviewed. It is important that EH&S and ORED have all the necessary information to decide as to whether the Intern or Research Lab POI can perform the services. EH&S and ORED will review the application and advise whether the Intern or Research Lab POI work has been approved and what restrictions, if any, are applicable. Once EH&S and ORED reviews and approves the form, they will approve the request so that it goes to HR for final review and processing. If you have any questions regarding the EH&S requirements, please email ehs@fiu.edu. If you have any questions regarding the final HR review and approval process, please email volunteers@fiu.edu.

If the Intern is a Minor (i.e., person between the age of 14 and 18 years) the Intern is restricted by the number of hours he or she can work depending on the Minor’s age and where the services can be performed (e.g., certain laboratory activities are not permitted for Minors to perform).

**Intern First and Last Name:**

Materials and Equipment to be used- Check AND List all that Apply.

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<thead>
<tr>
<th>Chemicals</th>
<th>Biological Material</th>
<th>Equipment</th>
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<tbody>
<tr>
<td>o Flammable</td>
<td>o Recombinant DNA **</td>
<td>o Fume Hood</td>
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<tr>
<td>o Reactive</td>
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<td>o Biosafety Cabinet</td>
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<tr>
<td>o Carcinogenic *</td>
<td>o Bacteria **</td>
<td>o Laminar Clean Bench</td>
</tr>
<tr>
<td>o Toxins *</td>
<td>o Viruses **</td>
<td>o Autoclave</td>
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<tr>
<td>o Corrosive</td>
<td>o Fungi **</td>
<td>o Centrifuge</td>
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<td>o Oxidizer</td>
<td>o Parasites **</td>
<td>o Analytical Instruments</td>
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<tr>
<td>o Cryogen</td>
<td>o Human Source Material *</td>
<td>o Industrial Machinery</td>
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<td>o Pharmaceuticals *</td>
<td>o Insects</td>
<td>o Noise Producing Equipment</td>
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<tr>
<td>o Gases</td>
<td>o Plants</td>
<td>o Other Producing Equipment (specify)</td>
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<tr>
<td>o Radioactive Materials *</td>
<td>o Animals **</td>
<td>o Radiation Producing Machine *</td>
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<tr>
<td>o Infectious organism/agents *</td>
<td>o Research Diving/Boating*</td>
<td>o Climbing on scaffolding, etc. *</td>
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<tr>
<td>o Controlled substances *</td>
<td></td>
<td>o Lasers *</td>
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</table>

*Prohibited for minors
**Classifies as risk group 2