

St. Clair County Community Mental Health Authority
Student Placement Proposal

STUDENT: _____

JOB TITLE: _____

CURRENT PROGRAM: _____

Describe your education program and sequence of course work (i.e., semester/term starting and ending dates, day or evening classes, etc.) _____

Do you need an educational leave? If yes, follow policy "Leaves of Absence: Union, Educational, Disability and Other", #06-001-0035. _____

When will your field placement/internship take place? _____

How many hours are you expected to put in towards your field placement/internship? _____

How do you plan to complete the necessary hours to fulfill your field placements? _____

Do you need accommodations to your work schedule? If yes, follow policy "Flex Options: Leavetime, Overtime, Attendance Records", #06-001-0075 and attach form. _____

What program do you wish to carry out your placement in? _____

What, if any, exceptions does the agency need to make in order for you to complete your field placement/internship?

STUDENT SIGNATURE

DATE

What, if any, staff replacement will be needed? _____

What recommendations can you pass along to facilitate this placement? _____

*Who will be designated as Field Instructor? _____

PROGRAM SUPERVISOR SIGNATURE

DATE

cc: Chief Executive Officer, Program Director, Labor/Employee Relations Manager