



Manufacturing
Extension Partnership

Ohio MEP & COMPANY AGREEMENT FOR HIGH SCHOOL INTERNSHIP PROGRAM

Date: 09/12/2018

Subject: Ohio MEP and (Company) Work-Based Learning High School Internship Agreement

Project Background:

Company has been identified to participate in the Ohio MEP Internship program which operates from April 1, 2018 until September 30, 2019.

- This project funded by the Ohio Manufacturing Extension Partnership will provide reimbursement of 1/2 of student wages up to a maximum of \$1,500 (the first \$3,000 in wages).

Project Scope:

Company has agreed to participate in this Internship opportunity and comply with program requirements. For this project, Company has confirmed intern as follows:

Intern's full name, school, program of study, grade level, gender

Intern will be working for Company name, mailing address beginning _____ and ending approximately _____. Hourly wage is: \$ _____. Total estimated hours student will work: _____.

At conclusion of the internship, Company will invoice MAGNET for reimbursement (see invoice template). Invoice will include name of student, total hours worked, hourly rate, total wages paid, reimbursable amount, and be signed by a company financial official. The invoice, a W-9 and a copy of a work log summary indicating student hours worked by date and hourly wage must also be attached and sent to the Ohio MEP for review.

Company Approval

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

Ohio MEP Approval

Program Manager: _____

Signature: _____ Date: _____

Sample INVOICE TEMPLATE

<COMPANY LETTERHEAD>

<TODAY'S DATE>

TO: MAGNET
ADDRESS: 1768 E. 25th Street
 Cleveland, OH 44114
 ATTN: Workforce

PROGRAM: OHIO MEP HIGH SCHOOL INTERNSHIP 2018-2019

PERIOD: *Indicate dates of student internship*

INTERNS -	LAST NAME	FIRST NAME	HOURS WORKED	TOTAL WAGES PAID	Reimbursable Amount
1					
2					
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
				\$ -	\$ -

TOTAL INVOICE AMOUNT

\$ -
 \$ -

This final invoice and all documents must be submitted to **your Ohio MEP** for approval no later than **Sept. 30, 2018 for Spring-Summer 2018.**

 SIGNATURE DATE

 NAME TITLE DATE

I certify that all expenditures reported (& payment requested) are accurate and specific to the Ohio MEP Internship Program. (Certification should be made by a financial officer or CEO.)



“WORK ACTIVITY (TIME SHEET) LOG”

Student Hourly Rate: _____
Total Number of Hours Worked: _____

(Please Print)

STUDENT'S INFORMATION

Student Name: _____
Student School & Program: _____ Grade Level: _____
School Supervisor: _____ Title: _____

WORKSITE INFORMATION

Company Name: _____
Site Supervisor: _____ Title: _____

Table with 11 columns: Week, Inclusive dates of the Work Week, SUN, MON, TUES, WED, THUR, FRI, SAT, Total hours this week, Total hours to date. Rows 1-16.

The signatures below indicate that the intern has completed all of the intern's hours on this log sheet.

Student Signature _____ Date _____ Site Supervisor Signature _____ Date _____

The Weekly Time Log MUST be turned in when employer submits invoice for reimbursement